

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000000194

Entity Name: DOCTORS IMAGING GROUP, LLC

FILED
Jul 24, 2006
Secretary of State

Current Principal Place of Business:

4960 NEWBERRY RD., STE. 280
GAINESVILLE, FL 32607

New Principal Place of Business:

6716 NW 11TH PLACE
GAINESVILLE, FL 32605

Current Mailing Address:

4960 NEWBERRY RD., STE. 280
GAINESVILLE, FL 32607

New Mailing Address:

6716 NW 11TH PLACE
GAINESVILLE, FL 32605

FEI Number: 59-3618240 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WARE, DAN E
6716 NW 11TH PLACE
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MP () Delete
Name: ARVESU, ANTONIO F
Address: 3710 NW 97TH BLVD.
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WARE, DAN
Address: 6716 NW 11TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DAN WARE

MGMR

07/24/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date