

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000001819

FILED
Apr 28, 2004
Secretary of State

Entity Name: FORT WALTON DIAGNOSTIC IMAGING CENTER, L.L.C.

Current Principal Place of Business:

1112 HOSPITAL RD
FORT WALTON BEACH, FL 32547

New Principal Place of Business:

1112 HOSPITAL RD, SUITE C
FORT WALTON BEACH, FL 32547

Current Mailing Address:

1112 HOSPITAL RD
FORT WALTON BEACH, FL 32547

New Mailing Address:

1112 HOSPITAL RD, SUITE C
FORT WALTON BEACH, FL 32547

FEI Number: 65-1074896

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREUDENBERGER, KEITH
1112 HOSPITAL RD
SUITE C
FORT WALTON BEACH, FL 32547

Name and Address of New Registered Agent:

MCMICHAEL, GARY
1112 HOSPITAL RD
SUITE C
FORT WALTON BEACH, FL 32547

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: GARY MCMICHAEL

04/28/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MCMICHAEL, GARY W
Address: 323 PAGE BACON RD #17
City-St-Zip: MARY ESTHER, FL 32569

Title: MGRM () Delete
Name: ZACHOS, KALLIOPE
Address: 4154 BEACH DR
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GARY MCMICHAEL

MGRM

04/28/2004

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