FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 92212 023 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

30069864

DOCUMENT # L01000001819

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

Principal Place of Business	Mailing Address
1112 HOSPITAL RD FORT WALTON BEACH, FL 32547	1112 HOSPITAL RD FORT WALTON BEACH, FL 32547

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-1074896 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FREUDENBERGER, KEITH 1112 HOSPITAL RD SUITE C FORT WALTON BEACH, FL 32547	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 4/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MCMICHAEL, GARY W		NAME		
STREET ADDRESS	323 PAGE BACON RD #17		STREET ADDRESS		
CITY-ST-ZIP	MARY ESTHER, FL 32569		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ZACHOS, KALLIOPE		NAME		
STREET ADDRESS	4154 BEACH DR		STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE, FL 32578		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E083 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify 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 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: [signature] 4/30/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #