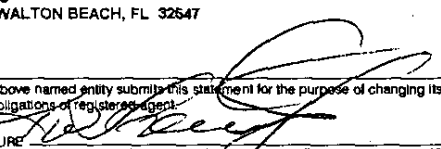
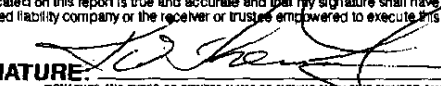


FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 92212 023 ****50.00

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 1112 HOSPITAL RD FORT WALTON BEACH, FL 32547			Mailing Address 1112 HOSPITAL RD FORT WALTON BEACH, FL 32547		
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  DATE 4/30/03 (NOTE: Registered Agent signature required when submitting)					
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 NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
MGRM MCMICHAEL, GARY W 323 PAGE BACON RD #17 MARY ESTHER, FL 32569			MGRM ZACHOS, KALLIOPE 4154 BEACH DR NICEVILLE, FL 32578		
MGRM ZACHOS, KALLIOPE 4154 BEACH DR NICEVILLE, FL 32578			MGRM ZACHOS, KALLIOPE 4154 BEACH DR NICEVILLE, FL 32578		
MGRM ZACHOS, KALLIOPE 4154 BEACH DR NICEVILLE, FL 32578			MGRM ZACHOS, KALLIOPE 4154 BEACH DR NICEVILLE, FL 32578		
MGRM ZACHOS, KALLIOPE 4154 BEACH DR NICEVILLE, FL 32578			MGRM ZACHOS, KALLIOPE 4154 BEACH DR NICEVILLE, FL 32578		
MGRM ZACHOS, KALLIOPE 4154 BEACH DR NICEVILLE, FL 32578			MGRM ZACHOS, KALLIOPE 4154 BEACH DR NICEVILLE, FL 32578		
MGRM ZACHOS, KALLIOPE 4154 BEACH DR NICEVILLE, FL 32578			MGRM ZACHOS, KALLIOPE 4154 BEACH DR NICEVILLE, FL 32578		
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 606, Florida Statutes. SIGNATURE  DATE 4/30/03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

CP2003 (1/02)