2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2006
Secretary of State

DOCUMENT# L02000010602

Entity Name: PRIME CARE IMAGING ASSOCIATES OF FLORIDA, L.L.C.

Current Principal Place of Business:

560 SOUTH BROADWAY, SUITE 201
C/O PRIMECARE OF NEW YORK, INC.
HICKSVILLE, NY 11801

New Principal Place of Business:

560 SOUTH BROADWAY, SUITE 201
C/O NEW PRIMECARE LLC
HICKSVILLE, NY 11801

Current Mailing Address:

560 SOUTH BROADWAY, SUITE 201
C/O PRIMECARE OF NEW YORK, INC.
HICKSVILLE, NY 11801

New Mailing Address:

560 SOUTH BROADWAY, SUITE 201
C/O NEW PRIMECARE LLC
HICKSVILLE, NY 11801

FEI Number: 46-0478998 **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:

KRASNA, GARY ESQ
3010 NORTH MILITARY TRAIL
SUITE 210
BOCA RATON, FL 33431 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: MGRM ( ) Delete
Name: DOSHI, NITIN
Address: 560 S. BROADWAY
City-St-Zip: HICKSVILLE, NY 11801

ADDITIONS/CHANGES:

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 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: NITIN DOSHI MGRM 07/05/2006

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