

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000035224

FILED  
Feb 21, 2005  
Secretary of State

**Entity Name:** NEW SMYRNA DIAGNOSTIC IMAGING, LLC

**Current Principal Place of Business:**

600 PALMETTO STREET  
NEW SMYRNA BEACH, FL 32168

**New Principal Place of Business:**

**Current Mailing Address:**

C/O 350 NORTH CAUSEWAY  
NEW SMYRNA BEACH, FL 32169

**New Mailing Address:**

**FEI Number:** 05-0548487

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HEEKIN, JIM  
215 NORTH EOLA DRIVE  
ORLANDO, FL 32801 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: LEONARD, KATHY  
Address: 600 PALMETTO STREET  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BERT FISH MEDICAL CT, R  
Address: 600 PALMETTO STREET  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: MGRM ( ) Change (X) Addition  
Name: NEW SMYRNA RADIOLOGY, ASSOCIATES  
Address: 401 PALMETTO ST  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

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: ANTHONY LAMARCA

MGRM

02/21/2005

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