

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Jul 03, 2006
Secretary of State**

DOCUMENT# L03000000721

Entity Name: VIERA DIAGNOSTIC CENTER, L.L.C.

Current Principal Place of Business:

7000 SPYGLASS CT
SUITE #260
VIERA, FL 32940

New Principal Place of Business:

Current Mailing Address:

7000 SPYGLASS CT
SUITE #260
VIERA, FL 32940

New Mailing Address:

FEI Number: 27-0042189 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:

OLOMU, FRANCIS A
613 ASHBURY AVE
MELBOURNE, FL 32940 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: MGR () Delete
Name: ARAJ, JEFFREY S
Address: 7575 S. TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

Title: MGR () Delete
Name: OLOMU, FRANCIS A
Address: 613 ASHBURY AVE
City-St-Zip: MELBOURNE, FL 32940

Title: MGR () Delete
Name: POWELL, ALLEN O
Address: 134 W STAR LAKE DR
City-St-Zip: HAWTHORNE, FL 32640

ADDITIONS/CHANGES:

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

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 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: FRANCIS OLOMU

MGR

07/03/2006

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