

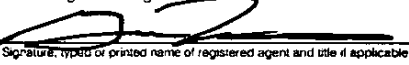



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90029 018 \*\*\*\*50.00

<b>DOCUMENT # L03000000989</b>					
<b>1. Entity Name</b> NEW SMYRNA IMAGING LLC					
<b>Principal Place of Business</b> 405 3RD STREET NEW SMYRNA BEACH, FL 32169			<b>Mailing Address</b> 405 3RD STREET NEW SMYRNA BEACH, FL 32169		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 2224 NW 50th Suite, Apt. #, etc. STE 276-W			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Ocala City OK 7312			
Zip	Country	Zip 7312	Country US		
<b>4. FEI Number</b> 03-0509169				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> GEARIN, JOHN 2862 SE MONROE STREET STUART, FL 34997			<b>7. Name and Address of New Registered Agent</b> Name: <u>George KASTROULIS</u> Street Address (P.O. Box Number is Not Acceptable): <u>45 FLORIDA PARK DRIVE</u> City: <u>PALM COAST</u> <u>FL</u> Zip Code: <u>32137</u>		
<b>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.</b> SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DBS INC. 5051 SE GREAT POCKET TRAIL STUART, FL 34997	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RADIOLOGY PARTNERS LLC 2862 SE MONROE STREET STUART, FL 34997	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GEORGE, BILL 26 SOUTH SEA ISLAND DRIVE ORMOND BEACH, FL 32176	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b>  (DBS, Inc.)				Date: <u>3/22/06</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #: <u>772 260 7085</u>	