

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009214

FILED  
Jul 06, 2006  
Secretary of State

**Entity Name:** SIGNET DIAGNOSTIC IMAGING SERVICES (NORTH FLORIDA), LLC

**Current Principal Place of Business:**

560 SOUTH BROADWAY  
HICKSVILLE, NY 11801

**New Principal Place of Business:**

**Current Mailing Address:**

560 SOUTH BROADWAY  
HICKSVILLE, NY 11801

**New Mailing Address:**

FEI Number: 04-3747138      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:**

GELAND, MARK E  
8300 W. SUNRISE BLVD.  
PLANTATION, FL 33322      US

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

GELAND, MARK E ESQ.  
8300 W. SUNRISE BLVD.  
PLANTATION, FL 33322      US

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: MARK E. GELFAND, ESQ.

07/06/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: SIGNET DIAGNOSTIC IM, AGING SERVICES GROUP  
Address: 1515 N. FEDERAL HWY., STE 405  
City-St-Zip: BOCA RATON, FL 33432

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: DIAGNOSTIC IMAGING G, ROUP LLC  
Address: 560 SOUTH BROADWAY  
City-St-Zip: HICKSVILLE, NY 11801

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

07/06/2006

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