2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000019697

Entity Name: INSTITUTE OF DIAGNOSTIC IMAGING, L.L.C.

FILED Apr 07, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

424 RACETRACK RD NW. FORT WALTON BEACH, FL 32547

Current Mailing Address: New Mailing Address:

P.O. DRAWER 877 424 RACETRACK RD NW. SHALIMAR, FL 325799877 FORT WALTON BEACH, FL 32547

FEI Number: 03-0520275 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ANCHORS, C. LEDON 909 MAR WALT DRIVE, SUITE 1014 FORT WALTON BEACH, FL 32547 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

MGRM Title: () Delete (X) Change () Addition HAMBLEY, WILLIAM C JR HAMBLEY, WILLIAM C JR Name: Name: P.O. DRAWER 877 Address: 424 RACETRACK RD NW. Address: City-St-Zip: SHALIMAR, FL 325790877 City-St-Zip: FORT WALTON BEACH, FL 32547

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: CAMPBELL, JOHN J Name: CAMPBELL, JOHN J Address: P.O. DRAWER 877 Address: 424 RACETRACK RD NW.

City-St-Zip: SHALIMAR, FL 325790877 City-St-Zip: FORT WALTON BEACH, FL 32547

 Title:
 MGRM () Delete
 Title:
 MGRM (X) Change () Addition

 Name:
 RIGGS, BARRY F
 Name:
 RIGGS, BARRY F

 Address:
 P.O. DRAWER 877
 Address:
 424 RACETRACK RD NW.

 City-St-Zip:
 SHALIMAR, FL 325790877
 City-St-Zip:
 FORT WALTON BEACH, FL 32547

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: WILLIAM C. HAMBLEY JR., MD MGRM 04/07/2005