2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008
Secretary of State

DOCUMENT# L03000019697

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

Current Principal Place of Business:

424 RACETRACK RD NW.
FORT WALTON BEACH, FL 32547

New Principal Place of Business:

Current Mailing Address:

424 RACETRACK RD NW.
FORT WALTON BEACH, FL 32547

New Mailing Address:

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

Name and Address of Current Registered Agent:

ANCHORS, C. LEDON
909 MAR WALT DRIVE, SUITE 1014
FORT WALTON BEACH, FL 32547 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: MGRM ( ) Delete
Name: HAMBLEY, WILLIAM C JR
Address: 424 RACETRACK RD NW.
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: MGRM ( ) Delete
Name: CAMPBELL, JOHN J
Address: 424 RACETRACK RD NW.
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: MGRM ( ) Delete
Name: RIGGS, BARRY F
Address: 424 RACETRACK RD NW.
City-St-Zip: FORT WALTON BEACH, FL 32547

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 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: WILLIAM C. HAMBLEY JR. MGMR 04/15/2008

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