

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000020857

FILED
Sep 06, 2006
Secretary of State

Entity Name: SHARPER IMAGING DIAGNOSTIC RADIOLOGY CENTER, LLC

Current Principal Place of Business:

3430 TAMIAMI TRAIL STE B
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

3430 TAMIAMI TRAIL STE B
PORT CHARLOTTE, FL 33952 US

Current Mailing Address:

3430 TAMIAMI TRAIL STE B
PORT CHARLOTTE, FL 33952

New Mailing Address:

3430 TAMIAMI TRAIL STE B
PORT CHARLOTTE, FL 33952 US

FEI Number: 56-2369877 **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:

COURSON, DAVID A
3430 TAMIAMI TRAIL
SUITE B
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

HOLMES, DAVID A
99 NESBIT STREET
PUNTA GORDA, FL 33950 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: DAVID A. HOLMES

09/06/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: DPST () Delete
Name: WHITE, JAMES
Address: 3430 TAMIAMI TRAIL SUITE B
City-St-Zip: PT. CHARLOTTE, FL 32952

ADDITIONS/CHANGES:

Title: DPST (X) Change () Addition
Name: WHITE, JAMES
Address: 3430 TAMIAMI TRAIL SUITE B
City-St-Zip: PT. CHARLOTTE, FL 32952 US

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: JAMES WHITE

DPST

09/06/2006

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