

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000049199

FILED
Apr 27, 2006
Secretary of State

Entity Name: DIAGNOSTIC MEDICAL PARTNERS, LLC

Current Principal Place of Business:

18495 US HWY 19N
CLEARWATER, FL 33764

New Principal Place of Business:

14375 MYER LAKE CIRCLE
CLEARWATER, FL 33760 US

Current Mailing Address:

18495 US HWY 19N
CLEARWATER, FL 33764

New Mailing Address:

14375 MYER LAKE CIRCLE
CLEARWATER, FL 33760 US

FEI Number: 20-0460131

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WINER, SAMUEL
18495 US HWY 19N
CLEARWATER, FL 33764 US

Name and Address of New Registered Agent:

WINER, SAMUEL
14375 MYER LAKE CIRCLE
CLEARWATER, FL 33760 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: SAMUEL WINER

04/27/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WINER, SAMUEL MGR
Address: 18495 US HWY 19N
City-St-Zip: CLEARWATER, FL 33764

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: WINER, SAMUEL MGR
Address: 14375 MYER LAKE CIRCLE
City-St-Zip: CLEARWATER, FL 33760

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: SAMUEL WINER

MGR

04/27/2006

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