2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2007
Secretary of State

DOCUMENT# L04000070289

Entity Name: THE IMAGING CENTER OF JACKSONVILLE, LLC

Current Principal Place of Business:

13400 SUTTON PARK DRIVE SOUTH
SUITE 1301
JACKSONVILLE, FL 32224

New Principal Place of Business:

10475 CENTURION PARKWAY NORTH
SUITE 201
JACKSONVILLE, FL 32256 US

Current Mailing Address:

13400 SUTTON PARK DRIVE SOUTH
SUITE 1301
JACKSONVILLE, FL 32224

New Mailing Address:

10475 CENTURION PARKWAY NORTH
SUITE 201
JACKSONVILLE, FL 32256 US

FEI Number: 20-1609662 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WARD, DONALD G
5081 ORTEGA FOREST DRIVE
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

ROBERTS, CHRISTOPHER
10475 CENTURION PARKWAY NORTH
SUITE 201
JACKSONVILLE, FL 32256 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: CHRISTOPHER ROBERTS 02/12/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: WARD, DONALD G
Address: 5081 ORTEGA FOREST DRIVE`
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ROBERTS, CHRISTOPHER
Address: 10475 CENTURION PARKWAY NORTH, SUITE 201
City-St-Zip: JACKSONVILLE, FL 32256 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: CHRISTOPHER ROBERTS MGR 02/12/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date