2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2005
Secretary of State

DOCUMENT# L04000090260

Entity Name: FLAGLER DIAGNOSTIC IMAGING LLC

Current Principal Place of Business:

5051 SE GREAT POCKET TRAIL
STUART, FL 34997

New Principal Place of Business:

10-B FLORIDA PARK DRIVE
PALM COAST, FL 32137

Current Mailing Address:

5051 SE GREAT POCKET TRAIL
STUART, FL 34997

New Mailing Address:

10-B FLORIDA PARK DRIVE,
PALM COAST, FL 32137

FEI Number: 20-2018268 **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:

GEARIN, JOHN
5051 SE GREAT POCKET TRAIL
STUART, FL 34997 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:	SPOONER, LEN	
Address:	38955 CHAPARRAL DRIVE	
City-St-Zip:	TEMECULA, CA 92592	
Title:	MGRM	( ) Delete
Name:	GEARIN, JOHN	
Address:	5051 SE GREAT POCKET TRAIL	
City-St-Zip:	STUART, FL 34997	
Title:	MGRM	( ) Delete
Name:	NAGRANI, MARK DR	
Address:	5051 SE GREAT POCKET TRAIL	
City-St-Zip:	STUART, FL 34997	

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 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: JOHN GEARIN MGRM 07/05/2005

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