

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90207 024 \*\*\*\*50.00

<b>DOCUMENT # L04000090260</b> 1. Entity Name <b>FLAGLER DIAGNOSTIC IMAGING LLC</b>					
Principal Place of Business <b>10-B FLORIDA PARK DRIVE PALM COAST, FL 32137</b>			Mailing Address <b>10-B FLORIDA PARK DRIVE, PALM COAST, FL 32137</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>2224 NW 50TH ST.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>STE 276-W</b>			
City & State		City & State <b>OKLAHOMA CITY, OK</b>			
Zip	Country	Zip <b>73112</b>	Country <b>US</b>	01242007    Chg-LLC    CR2E083 (12/06)	
4. FEI Number <b>20-2018268</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent  <b>GEARIN, JOHN 5051 SE GREAT POCKET TRAIL STUART, FL 34997</b>	
7. Name and Address of New Registered Agent Name <b>GEORGE KASTROULIS</b> Street Address (P.O. Box Number is Not Acceptable) <b>43 FLORIDA PARK DR</b> City <b>PALM COAST</b> <b>FL</b> Zip Code <b>32137</b>				8. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  DATE <b>1-27-07</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SPOONER, LEN 38955 CHAPARRAL DRIVE TEMECULA, CA 92592</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GEARIN, JOHN 5051 SE GREAT POCKET TRAIL STUART, FL 34997</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM NAGRANI, MARK DR 5051 SE GREAT POCKET TRAIL STUART, FL 34997</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.					
<b>SIGNATURE:</b> 		Date <b>1/27/07</b>		Daytime Phone # <b>772 260 7085</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

**20004477**

