2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000090260

Entity Name: FLAGLER DIAGNOSTIC IMAGING LLC

FILED Mar 26, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

10-B FLORIDA PARK DRIVE PALM COAST, FL 32137

Current Mailing Address: New Mailing Address:

2224 NW 50TH ST 9950 S OCEAN DRIVE #1904

STE 276-W OKLAHOMA CITY, OK 73112

JENSEN BEACH, FL 34957 US

FEI Number: 20-2018268 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

BHAVSAR, GIFFORD & HAGOOD SPOONER, LEN 1053 MAITLAND CENTER COMMONS 9950 S OCÉAN DRIVE #1904

SUITE 101

MAITLAND, FL 32751 US JENSEN BEACH, FL 34957 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: LEN SPOONER 03/26/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: MGRM () Delete (X) Change () Addition SPOONER, LEN Name: ENGLER, KEITH J Name:

38955 CHAPARRAL DRIVE Address: 460 GRANADA ST Address:

City-St-Zip: TEMECULA, CA 92592 City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: GEARIN, JOHN Name: NAGRANI, MARK

Address: 5051 SE GREAT POCKET TRAIL Address: 612 PALMETTO ST

City-St-Zip: STUART, FL 34997 City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

Title: MGRM (X) Delete Title: () Change () Addition

NAGRANI, MARK DR Name: Name: Address: 5051 SE GREAT POCKET TRAIL Address: City-St-Zip: STUART, FL 34997 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KEITH ENGLER **MGRM** 03/26/2009