2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2006
Secretary of State

DOCUMENT# L05000002528

Entity Name: NATIONAL RADIOLOGY INSTITUTE, PLLC

Current Principal Place of Business:

160 NW 127TH AVENUE
MIAMI, FL 33182

New Principal Place of Business:

Current Mailing Address:

160 NW 127TH AVENUE
MIAMI, FL 33182

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MARTINEZ, HERIBERTO E
160 NW 127TH AVENUE
MIAMI, FL 33182 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: MGR ( ) Delete
Name: MARTINEZ, HERIBERTO E
Address: 160 NW 127TH AVENUE
City-St-Zip: MIAMI, FL 33182

Title: MGR ( ) Delete
Name: MORALES, ALEXANDER
Address: 160 NW 127TH AVENUE
City-St-Zip: MIAMI, FL 33182

Title: MGR (X) Delete
Name: ROSSI, PATRICIO G
Address: 160 NW 127TH AVENUE
City-St-Zip: MIAMI, FL 33182

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 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: HERIBERTO E MARTINEZ MGR 01/29/2006

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