

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000012645

FILED
Apr 28, 2006
Secretary of State

Entity Name: DELRAY OUTPATIENT IMAGING, LLC

Current Principal Place of Business:

1325 SOUTH CONGRESS AVE
SUITE 211
BOYNTON BEACH, FL 33426

New Principal Place of Business:

Current Mailing Address:

1325 SOUTH CONGRESS AVE
SUITE 211
BOYNTON BEACH, FL 33426

New Mailing Address:

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

Name and Address of Current Registered Agent:

MENKHAUS, DAVID J
1900 GLADES ROAD
SUITE 401
BOCA RATON, FL 33431 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: DOSCH, MARK M.D.
Address: 1325 SOUTH CONGRESS AVE, SUITE 211
City-St-Zip: BOYNTON BEACH,, FL 33426

Title: MGR () Delete
Name: DEGEROME, JAMES D M.D.
Address: 1325 SOUTH CONGRESS AVE, SUITE 211
City-St-Zip: BOYNTON BEACH, FL 33426

Title: MGR () Delete
Name: BLUM, MICHAEL M.D.
Address: 16244 SO. MILITARY TRAIL, SUITE 310
City-St-Zip: DELRAY BEACH, FL 33484

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: MARK R DOSCH

MGR

04/28/2006

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