2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/21/2006 90128-017-$50.00-$50.00
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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DOCUMENT # L05000048415

1. Entity Name
DELRAY IMAGING ASSOCIATES, LLC

Principal Place of Business	Mailing Address
4675 W. LINTON BLVD. DELRAY BEACH, FL 33445	4675 W. LINTON BLVD. DELRAY BEACH, FL 33445

07112006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
State, Apt. #, etc.	Suite, Apt. #, etc. Suite 211
City & State	City & State Boynton Beach, FL
Zip / Country	Zip 33426-5876 / Country

4. FEI Number
20-2872472
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MENKHAUS, DAVID J 1900 GLADES ROAD, SUITE 401 BOCA RATON, FL 33431	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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
Signature of new or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMBR Mark R Dosch 1325 S. Congress Ave Suite 211 Boynton Beach, FL 33426	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR Jamie ALaLu 1325 S. Congress Ave Suite 211 Boynton Beach, FL 33426	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Mark Brown 1325 S. Congress Ave Suite 211 Boynton Beach, FL 33426	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: _____ 8/16/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #