2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L05000063007



FILED Feb 13, 2006 8:00 am Secretary of State 02-13-2006 90191 023 ****50.00

NUCLEAR DIAGNOSTIC IMAGING, LLC									
Principal Place of Business Mailing Address 777 37TH STREET 5801 JOHNSTON ROAD SUITE C-103 FT. PIERCE, FL 34951 VERO BEACH, FL 32960									
2. Principal P	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02022006	Chg-LLC	CR2E0	83 (11/05)		
City & State		City & State			4. FEI Numi	0er 149432	<u> </u>		oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificat	e of Status Desired		\$5.00 Add Fee Require	
	6. Name and Address of Curren	t Registered Agent			7. Name an	d Address of New R	tegistered A	gent	
				Name					
ANNE MARIE, RIDGE 5801 JOHNSTON ROAD FT. PIERCE, FL 34951			ļ.;	Street Address (P.O. Box Number is Not Acceptable)					
			(City			FL	Zip Cod	θ
	named entity submits this statement ti	or the purpose of changing its	s registered	office or register	red agent, or b	oth, in the State of Flo	orida. I am f	amiliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered ager	it and title if applicable. (NOT	E: Registered Ag	gent signature required	when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2006							e check pa a Departme	ayable to ent of State	e
9.	MANAGING MEMB	ERS/MANAGERS	10.			ADDITIONS	/CHANGES		
TITLE	MGR	☐ Delete	TITLE	1				Change	☐ Addition
NAME	ANNE MARIE, RIDGE	NAM							
STREET ADDRESS	333, 33, 113, 31, 114, 12		STREET A	_					
CITY-ST-ZIP	FT. PIERCE, FL 34951	FT. PIERCE, FL 34951		- ZIP					
TITLE		☐ Delete TIT						Change	Addition
NAME	<i>'</i>		NAME	Ì					
STREET ADDRESS				ADDRESS					
CITY-ST-ZIP			CITY-ST	-7IP					
TITLE		☐ Dalate III		•				☐ Change	Addition
NAME			NAME	1000000		•			
STREET ADDRESS			CITY-ST	ADORESS)					
CITY-ST-ZIP				-217					- Addition
TITLE		☐ Delete	TIMLE	i				☐ Change	☐ Addition
NAME	1		NAME Street A	ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY-ST						
	 							Change	☐ Addition
TITLE	1	☐ Delete	TITLE NAME	1				C Grands	
NAME STREET ADDRESS				ADDRESS					
CITY-ST-ZIP			CITY-ST						
		☐ Delete	TITLE				<u> </u>	Change	Addition
NAME			NAME						
STREET ADDRESS		•		ADDRESS					
CITY-ST-ZIP			CITY-ST						
	certify that the information supplied wi	th this filing dose not qualify fo	or the event		in Chanter 119	A Florida Statutes III	urther certify	that the info	rmation

I nereby certify that the information supplied with this litting does not qualify for the exemptions contained in Chapter 119, Horida statutes. 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 of the receiver or trustee ampowered to execute this report as required by Chapter 608, Florida Statutes. 772-778-

0728 SIGNATURE AND TYPED OR PRINTED HAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #