2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2007
Secretary of State

DOCUMENT# L05000088469

Entity Name: COCONUT GROVE IMAGING, LLC

Current Principal Place of Business:

6103 AQUA AVE.
SUITE 506
MIAMI BEACH, FL 33141

New Principal Place of Business:

1100 NW 95TH STREET
DEPT OF RADIOLOGY - DR. GROPPER
MIAMI, FL 33150

Current Mailing Address:

6103 AQUA AVE.
SUITE 506
MIAMI BEACH, FL 33141

New Mailing Address:

FEI Number: 20-3498367 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GROPPER, ADAM S MD
6103 AQUA AVE.
SUITE 506
MIAMI BEACH, FL 33141 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: GROPPER, ADAM S M.D.
Address: 6103 AQUA AVE., SUITE 506
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES:

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: ADAM GROPPER MGR 02/13/2007

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