

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000091033

FILED
Aug 19, 2006
Secretary of State

Entity Name: SAFE SCAN IMAGING CENTERS, LLC

Current Principal Place of Business:

2073 HARBOR LINKS DRIVE
LONGBOAT KEY, FL 34228 US

New Principal Place of Business:

950 SOUTH TAMiami TRAIL
SUITE 100
SARASOTA, FL 34236 US

Current Mailing Address:

2073 HARBOR LINKS DRIVE
LONGBOAT KEY, FL 34228 US

New Mailing Address:

2073 HARBOUR LINKS DRIVE
LONGBOAT KEY, FL 34228 US

FEI Number: 20-3494434 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GUGINO, CARL F
2073 HARBOR LINKS DRIVE
LONGBOAT KEY, FL 34228 US

Name and Address of New Registered Agent:

GUGINO, CARL F
2073 HARBOUR LINKS DRIVE
LONGBOAT KEY, FL 34228 US

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: _____

08/19/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GUGINO, CARL F
Address: 2073 HARBOR LINKS DRIVE
City-St-Zip: LONGBOAT KEY, FL 34228 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GUGINO, CARL F
Address: 2073 HARBOUR LINKS DRIVE
City-St-Zip: LONGBOAT KEY, FL 34228 US

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: CARL F. GUGINO

MGRM

08/19/2006

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