


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90064 038 ****50.00

DOCUMENT # L05000121635 1. Entity Name SOUTH FLORIDA DIAGNOSTICS AND IMAGING CENTER, L.L.C.					
Principal Place of Business 1050 S.E. MONTEREY ROAD STE 400 STUART, FL 34994			Mailing Address 1050 S.E. MONTEREY ROAD STE 400 STUART, FL 34994		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <div style="text-align: center; font-size: 1.2em;">20-3994219</div>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent COEL, MARK A ESQ 1900 GLADES ROAD STE 350 BOCA RATON, FL 33431				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				\$5.00 Additional Fee Required	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANSPACH, W.E. M.D. 1050 S.E. MONTEREY ROAD STE 400 STUART, FL 34994	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARLSON, W.E. M.D. 1050 S.E. MONTEREY ROAD STE 400 STUART, FL 34994	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DESMAN, SCOTT M.D. 1050 S.E. MONTEREY ROAD STE 400 STUART, FL 34994	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAAS, GEORGE M.D. 1050 S.E. MONTEREY ROAD STE 400 STUART, FL 34994	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOFFMAN, JAMES M.D. 1050 S.E. MONTEREY ROAD STE 400 STUART, FL 34994	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____				Date: 4/27/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #	