

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000121635

FILED
Apr 23, 2007
Secretary of State

Entity Name: SOUTH FLORIDA DIAGNOSTICS AND IMAGING CENTER, L.L.C.

Current Principal Place of Business:

1050 S.E. MONTEREY ROAD STE 400
STUART, FL 34994

New Principal Place of Business:

1050 SE MONTEREY ROAD SUITE 400
STUART, FL 34994

Current Mailing Address:

1050 S.E. MONTEREY ROAD STE 400
STUART, FL 34994

New Mailing Address:

1050 SE MONTEREY ROAD SUITE 400
STUART, FL 34994

FEI Number: 20-3994279

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COEL, MARK A ESQ
1900 GLADES ROAD STE 350
BOCA RATON, FL 33431 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: MGRM () Delete
Name: ANSPACH, W.E. M.D.
Address: 1050 S.E. MONTEREY ROAD STE 400
City-St-Zip: STUART, FL 34994

Title: MGRM () Delete
Name: CARLSON, W.E. M.D.
Address: 1050 S.E. MONTEREY ROAD STE 400
City-St-Zip: STUART, FL 34994

Title: MGRM () Delete
Name: DESMAN, SCOTT M.D.
Address: 1050 S.E. MONTEREY ROAD STE 400
City-St-Zip: STUART, FL 34994

Title: MGRM () Delete
Name: HAAS, GEORGE M.D.
Address: 1050 S.E. MONTEREY ROAD STE 400
City-St-Zip: STUART, FL 34994

Title: MGRM () Delete
Name: HOFFMAN, JAMES M.D.
Address: 1050 S.E. MONTEREY ROAD STE 400
City-St-Zip: STUART, FL 34994

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ANSPACH, W.E. M.D.
Address: 1050 SE MONTEREY ROAD SUITE 400
City-St-Zip: STUART, FL 34994

Title: MGRM (X) Change () Addition
Name: CARLSON, W.E. M.D.
Address: 1050 SE MONTEREY ROAD SUITE 400
City-St-Zip: STUART, FL 34994

Title: MGRM (X) Change () Addition
Name: DESMAN, SCOTT M.D.
Address: 1050 SE MONTEREY ROAD SUITE 400
City-St-Zip: STUART, FL 34994

Title: MGRM (X) Change () Addition
Name: HAAS, GEORGE M.D.
Address: 1050 SE MONTEREY ROAD SUITE 400
City-St-Zip: STUART, FL 34994

Title: MGRM (X) Change () Addition
Name: HOFFMAN, JAMES M.D.
Address: 1050 SE MONTEREY ROAD SUITE 400
City-St-Zip: STUART, FL 34994

Title: MGRM () Change (X) Addition
Name: HILL, NATHANIEL M.D.
Address: 1050 SE MONTEREY ROAD SUITE 400
City-St-Zip: STUART, FL 34994

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: CHRISTOPHER LAUER

CFO

04/23/2007

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