

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000121635

FILED
Apr 24, 2009
Secretary of State

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

Current Principal Place of Business:

1050 SE MONTEREY ROAD SUITE 400
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

1050 SE MONTEREY ROAD SUITE 400
STUART, FL 34994

New Mailing Address:

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:

RICHARD, RALPH P ESQ
12561 ALLENDALE CIRCLE
FT MYERS, FL 33912 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: RALPH P RICHARD

04/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

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

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

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

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: PHILLIP ROCKWELL

FMGR

04/24/2009

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