2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# L07000115953

Entity Name: BOCA CLINIC IMAGING CENTER, LLC

Current Principal Place of Business:

1601 CLINT MOORE RD
STE 175
BOCA RATON, FL 33487

New Principal Place of Business:

1601 CLINT MOORE RD
STE 178
BOCA RATON, FL 33487

Current Mailing Address:

1601 CLINT MOORE RD
STE 175
BOCA RATON, FL 33487

New Mailing Address:

1601 CLINT MOORE RD
STE 178
BOCA RATON, FL 33487

FEI Number: 42-1747875 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHLOSSER, MARC MD
1601 CLINT MOORE RD
STE 175
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

SCHLOSSER, MARC MD
1601 CLINT MOORE RD
STE 178
BOCA RATON, FL 33487 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: 04/29/2009

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SCHLOSSER, MARC MD
Address: 1601 CLINT MOORE RD - STE 175
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SCHLOSSER, MARC MD
Address: 1601 CLINT MOORE RD - STE 178
City-St-Zip: BOCA RATON, FL 33487

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: MARC SCHLOSSER MGRM 04/29/2009

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