

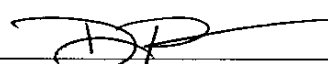


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90038 032 \*\*\*\*55.00

<b>DOCUMENT # L99000002645</b>					
<b>1. Entity Name</b> TRANSFLORIDA MOBILE DIAGNOSTIC SERVICES, L.C.					
<b>Principal Place of Business</b> 805 S. ORLANDO AVENUE SUITE F WINTER PARK, FL 32789			<b>Mailing Address</b> P.O. BOX 550588 JACKSONVILLE, FL 32255		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 805 S. Orlando Avenue			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite F			
City & State		City & State Winter Park, FL			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3575518	
32789		USA		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> PYLES, DONALD 805 S. ORLANDO AVE. SUITE F WINTER PARK, FL 32789			<b>7. Name and Address of New Registered Agent</b> Name: Donald Pyles Street Address (P.O. Box Number is Not Acceptable): 805 S. South Orlando Ave, Ste F City: Winter Park FL Zip Code: 32789		
<b>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.</b> SIGNATURE:  DATE: 4-11-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	MGRM COTTI, BRUCE 805 S. ORLANDO AVENUE, SUITE F WINTER PARK, FL 32789		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	MGRM PYLES, DONALD 805 S. ORLANDO AVENUE, SUITE F WINTER PARK, FL 32789		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> 			4-11-06 407-644-3466		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		