2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# M03000003188

Entity Name: PROSCAN IMAGING NAPLES, LLC

Current Principal Place of Business:

7947 AIRPORT PULLING ROAD
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

5400 KENNEDY AVENUE
CINCINNATI, OH 45213

New Mailing Address:

FEI Number: 56-2375633 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAULSBY, GILBERT M.D.
194 MAHOGANY DRIVE
NAPLES, FL 34108 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: POMERANZ, STEPHEN J M.D.
Address: 5400 KENNEDY AVENUE
City-St-Zip: CINCINNATI, OH 45213

Title: MGRM ( ) Delete
Name: MAULSBY, GILBERT M.D.
Address: 194 MAHOGANY DRIVE
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES:

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: STEPHEN J. POMERANZ, M.D. MGRM 01/26/2009

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