2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2005
Secretary of State

DOCUMENT# M04000000971

Entity Name: VYMED DIAGNOSTIC IMAGING, LLC

Current Principal Place of Business:

5081 ORTEGA FOREST DRIVE
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

5081 ORTEGA FOREST DRIVE
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 55-0854063 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WARD, DONALD
5081 ORTEGA FOREST DRIVE
JACKSONVILLE, FL 32210 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/MEMBERS:

Title: MGR ( ) Delete
Name: DUNCAN, WILLIAM J
Address: 555 SUN VALLEY DRIVE, SUITE P-4
City-St-Zip: ROSWELL, GA 30076

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LARRY M. GILL, CPA CFO 02/14/2005

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