2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000000971

Entity Name: VYMED DIAGNOSTIC IMAGING, LLC

FILED Mar 28, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5081 ORTEGA FOREST DRIVE 2365 RIVERSIDE AVE JACKSONVILLE, FL 32210 JACKSONVILLE, FL 32204

Current Mailing Address: New Mailing Address:

5081 ORTEGA FOREST DRIVE 2365 RIVERSIDE AVE JACKSONVILLE, FL 32210 JACKSONVILLE, FL 32204

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WARD, DONALD 5081 ORTEGA FOREST DRIVE JACKSONVILLE, FL 32210

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: ADDITIONS/CHANGES:

() Delete Title: () Change () Addition

DUNCAN, WILLIAM J Name: Name: Address: 555 SUN VALLEY DRIVE, SUITE P-4 Address:

City-St-Zip: ROSWELL, GA 30076 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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: DONALD WARD 03/28/2006