2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# M04000004825

Entity Name: DELRAY EFL IMAGING CENTER, LLC

Current Principal Place of Business:

ONE PARK PLAZA
NASHVILLE, FL 37203 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 750
NASHVILLE, FL 37203 US

New Mailing Address:

FEI Number: 68-0596132 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGR ( ) Delete
Name: EAST FLORIDA IMAGING, HOLDINGS, LLC
Address: ONE PARK PLAZA
City-St-Zip: NASHVILLE, FL 37203 US

Title: MGR ( ) Delete
Name: MEDICAL DIAGNOSTIC I, MAGING OF JUPI T ER, INC
Address: 2290 10TH AVENUE NORTH
City-St-Zip: LAKE WORTH, FL 33461

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: EAST FLORIDA IMAGING, HOLDINGS, LLC
Address: ONE PARK PLAZA
City-St-Zip: NASHVILLE, FL 37203 US

Title: MGRM (X) Change ( ) Addition
Name: MEDICAL DIAGNOSTIC I, MAGING OF JUPI T ER, INC
Address: 2290 10TH AVENUE NORTH
City-St-Zip: LAKE WORTH, FL 33461

I hereby certify that the information supplied with this filing does not qualify for the 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: DORA A. BLACKWOOD VPS 04/27/2006

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