

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> \$ 188.75	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company  <b>HEARTCARE IMAGING, LLC</b> <del>1340 NORTH U.S. HIGHWAY ONE, SUITE 102</del> <del>JUPITER FL 33469</del>	<b>DOCUMENT # M98000001320</b>
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FILED  
99 MAR 16 PM 4: 32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1a. Principal Place of Business Address  <del>1340 NORTH U.S. HIGHWAY ONE,</del> <del>JUPITER FL 33469</del>
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2. Principal Place of Business <del>8782 Riverfront Terrace</del> Suite, Apt. #, etc. <b>8782 Riverfront Terrace</b> City & State <b>Tequesta, Fl.</b> Zip <b>33469</b> Country <b>USA</b>	2a. Mailing Address <b>8782 Riverfront Terrace</b> Suite, Apt. #, etc. City & State <b>Tequesta, Fl.</b> Zip <b>33469</b> Country <del>MADEIRA</del>
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3. Date Organized or Qualified <b>11/09/1998</b>	3a. State of Formation <b>DE</b>
4. FEI Number <b>HT 65-0869888</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent  <b>STILLEY, ROBERT J</b> <b>8782 RIVERFRONT TERRACE</b> <b>TEQUESTA FL 33469</b>
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8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> Zip Code
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when first filing)	DATE _____
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10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	ROSENE, RICHARD W	141 CENTER ROAD	HINCKLEY OH
MGRM	STILLEY, ROBERT J	8782 RIVERFRONT TERRACE	TEQUESTA FL
			4000002820714--6 -03/26/99--01115--031 ****188.75 ****188.75  3-22-99

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: 	3/11/99 561-747-5882
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