

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000001099

Entity Name: MEDCATH DIAGNOSTICS, LLC

FILED
Apr 16, 2007
Secretary of State

Current Principal Place of Business:

10720 SIKES PLACE, SUITE 300
CHARLOTTE, NC 28277

New Principal Place of Business:

Current Mailing Address:

10720 SIKES PLACE, SUITE 300
CHARLOTTE, NC 28277

New Mailing Address:

FEI Number: 56-2106114

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT 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: PARKER, JAMES A
Address: 10720 SIKES PLACE STE 300
City-St-Zip: CHARLOTTE, NC 28277

Title: MGR () Delete
Name: HARRIS, JAMES E
Address: 10720 SIKES PLACE, STE. 300
City-St-Zip: CHARLOTTE, NC 28277

Title: MGR () Delete
Name: CASEY, JOHN T
Address: 10720 SIKES PLACE, STE 300
City-St-Zip: CHARLOTTE, NC 28277

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change () Addition
Name: FRENCH, O. EDWIN
Address: 10720 SIKES PLACE, STE 300
City-St-Zip: CHARLOTTE, NC 28277

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: JAMES A. PARKER

MRG

04/16/2007

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