

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000002810

FILED
Mar 20, 2009
Secretary of State

Entity Name: RADIOLOGY ASSOCIATES OF CENTRAL FLORIDA, P.L.

Current Principal Place of Business:

801 E. DIXIE AVENUE, SUITE 104
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

801 E. DIXIE AVENUE, SUITE 104
LEESBURG, FL 34748

New Mailing Address:

FEI Number: 59-3635297 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KELLER, CATHERINE E M.D.
801 E. DIXIE AVENUE, SUITE 104
LEESBURG, FL 34748 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: KELLER, CATHRINE E MD
Address: 801 E DIXIE AVE., #104
City-St-Zip: LEESBURG, FL 34748

Title: MGR () Delete
Name: LEVINE, MICHAEL S MD
Address: 801 E DIXIE AVE., #104
City-St-Zip: LEESBURG, FL 34748

Title: MGR () Delete
Name: GURINSKY, JOSEPH S MD
Address: 801 E DIXIE AVE., #104
City-St-Zip: LEESBURG, FL 34748

Title: MGR () Delete
Name: JACOBSON, MARK MD
Address: 801 E DIXIE AVE., #104
City-St-Zip: LEESBURG, FL 34748

Title: MGR (X) Delete
Name: SCHWARTZBERG, MARC MD
Address: 801 E DIXIE AVE., #104
City-St-Zip: LEESBURG, FL 34748

Title: MGR (X) Delete
Name: WEYN, DAVID C MD
Address: 801 E DIXIE AVE., #104
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: GURINSKY, JOSEPH S MD
Address: 801 E DIXIE AVE., #104
City-St-Zip: LEESBURG, FL 34748

Title: MGR (X) Change () Addition
Name: SCHWARTZBERG, MARC MD
Address: 801 E DIXIE AVE., #104
City-St-Zip: LEESBURG, FL 34748

Title: MGR (X) Change () Addition
Name: WEYN, DAVID MD
Address: 801 E DIXIE AVE., #104
City-St-Zip: LEESBURG, FL 34748

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

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

I hereby certify that the information supplied with this filing does not qualify 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: CATHRINE E KELLER MD

MGR

03/20/2009

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