

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 18, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90158 047 \*\*\*\*50.00

DOCUMENT # L05000008565  
 1. Entity Name  
 FLORIDA RADIOLOGY MANAGEMENT, LLC



Principal Place of Business  
 631 PALM SPRINGS DRIVE  
 SUITE 116  
 ALTAMONTE SPRINGS, FL 32701

Mailing Address  
 631 PALM SPRINGS DRIVE  
 SUITE 116  
 ALTAMONTE SPRINGS, FL 32701

FL

30008681



2. Principal Place of Business  
 150 N WESTMONTE DR  
 Suite, Apt. #, etc.

3. Mailing Address  
 150 N WESTMONTE DR  
 Suite, Apt. #, etc.

01132006 Chg-LLC CR2E083 (11/05)

City & State  
 ALTAMONTE SPRINGS FL

City & State  
 ALTAMONTE SPRINGS FL

Zip  
 32714

Country  
 SEMINOLE

Zip  
 32714

Country  
 SEMINOLE

4. FEI Number  
 20-2228501

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 MAY, CHARLES M  
 631 PALM SPRINGS DRIVE  
 SUITE 116  
 ALTAMONTE SPRINGS, FL 32701

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 150 N WESTMONTE DR  
 City  
 ALTAMONTE SPRINGS FL Zip Code  
 32714

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$50.00  
 Due by May 1, 2006

5250-001

Make check payable to  
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MAY, CHARLES 150 N WESTMONTE DR <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PRES PRATI <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC/TREAS VAN DIJK <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES CHARLES MAY 150 N WESTMONTE DR ALTAMONTE SPRINGS FL 32714 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PRES RONALD PRATI 150 N WESTMONTE DR ALTAMONTE SPRINGS FL 32714 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC/TRES FRANS VAN DIJK 150 N WESTMONTE DR ALTAMONTE SPRINGS FL 32714 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

PAID  
 JAN 17 2006  
 BY: 1471

POSTED  
 1/17/06  
 DR

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: \_\_\_\_\_ 407-767-0453  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT

30008681

# L05000008.565

Della Allen

**From:** corphelp [corphelp@dos.state.fl.us]  
**Sent:** Monday, May 15, 2006 1:41 PM  
**To:** Della Allen  
**Subject:** RE: 2006 Limited Liability Co Annual Report

Pasted below is a copy of a letter we sent you earlier this year, concerning your 2006 LLC Annual Report.

Lee Rivers  
Internet Access  
Division of Corporations

February 3, 2006

FLORIDA RADIOLOGY MANAGEMENT, LLC  
150 N. WESTMONTE DR  
ALTAMONTE SPRINGS, FL 32714

SUBJECT: FLORIDA RADIOLOGY MANAGEMENT, LLC  
Ref. Number: L05000008565

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800)829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

REGISTRATION SECTION

Letter number: 806A00008717

/vrm

Division of Corporations - P.O. BOX 6478 -Tallahassee, Florida  
32314

-----Original Message-----

**From:** Della Allen [mailto:dallen@floridaradiology.com]  
**Sent:** Monday, May 15, 2006 10:15 AM  
**To:** corphelp  
**Cc:** Martha Harriman  
**Subject:** 2006 Limited Liability Co Annual Report

<http://www.sunbiz.org/scripts/cordet.exe?al=DETFIL&n1=L05000008565&n2=NA>  
Your online records do not reflect our filing and payment of our 2006 LLC Annual Report.

ATTACHMENT

~~30008681~~  
# L05000008565

• Please advise us of how we should proceed with updating your records.  
Florida Radiology Management, LLC  
Document #L05000008565  
Paid on 1/17/06  
CK 1471

Thank you  
Della Allen  
Acctg.