


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 24, 2007 8:00 am**  
**Secretary of State**

01-24-2007 90052 037 \*\*\*\*50.00

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



Principal Place of Business      Mailing Address  
 150 NORTH WESTMONTE DR      150 NORTH WESTMONTE DR  
 ALTAMONTE SPRINGS, FL 32714      ALTAMONTE SPRINGS, FL 32714

**60005596**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc      Suite, Apt. #, etc

01112007    Chg-LLC    CR2E083 (12/06)

City & State      City & State

4. FEI Number      Applied For  
 20-2228501      Not Applicable

Zip      Country      Zip      Country

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

6. Name and Address of Current Registered Agent  
**MAY, CHARLES M**  
 150 NORTH WESTMONTE DR  
 ALTAMONTE SPRINGS, FL 32714

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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, 2007**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAY, CHARLES 150 NORTH WEST MONTE DR ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PRATI, RONALD 150 NORTH WESTMONTE DR ALTAMONTE SPRINGS, FL 32714 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VANDIJK, FRANS 150 NORTH WEST MONTE DR ALTAMONTE SPRINGS, FL 32714 <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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 150 N. WESTMONTE DR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRANCIS FERNANDEZ, JR, MD 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 150 N. WESTMONTE DR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEN W. MORRIS, MD 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

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: *Charles M. May*      Date: **1-18-07**