2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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FILED
Apr 10, 2007 8:00 am
Secretary of State
03-29-2007 90180 002 ***150.00

DOCUMENT # L06000028761

1. Entity Name

AMERICAN RADIOLOGY SERVICES BANYAN CENTER, LLC

Principal Place of Business	Mailing Address
4949 NORTH TAMIAMI TRAIL SUITE 103 NAPLES FL 34103	4949 NORTH TAMIAMI TRAIL SUITE 103 NAPLES FL 34103

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4947 N. TAMIAMI TRAIL Ste.	4947 N. TAMIAMI TRAIL
Suite, Apt. #, etc. SUITE #202	Suite, Apt. #, etc. SUITE #202
City & State NAPLES	City & State NAPLES
Zip 34103 Country USA	Zip 34103 Country USA

4. FEI Number 20-4522131 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARZANO, MARK J 4949 NORTH TAMIAMI TRAIL SUITE 103 NAPLES FL 34103	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARZANO, MARK J 4949 NORTH TAMIAMI TRAIL, SUITE 103 NAPLES FL 34103	☐ Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ 2/5/07 239-430-4674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #