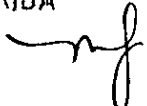


2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR -6 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA




DO NOT WRITE IN THIS SPACE

DOCUMENT # **L99000001868**

1. Entity Name
ORMOND RADIOLOGY PARTNERSHIP, LLC

Principal Place of Business
**500 MEMORIAL CIRCLE, SUITE D
ORMOND BEACH FL 32174**

Mailing Address
**500 MEMORIAL CIRCLE, SUITE D
ORMOND BEACH FL 32174-5054**

2. Principal Place of Business
483 S. NOVA RD

3. Mailing Address
SAME

City & State
ORMOND BEACH FL

City & State

4. FEI Number
59-2940987

Applied For
Not Applicable

Zip
32174

Country
US

Zip

Country

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

6. Name and Address of Current Registered Agent

**PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVENUE
DAYTONA BEACH FL 32115-2491**

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.

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Delete
	MGRM	ORMOND REAL ESTATE VENTURES, LLC	500 MEMORIAL CIRCLE, SUITE D ORMOND BEACH FL 32174	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
	MGRM	De ARMAS C. R. JR MD	483 S. NOVA RD ORMOND BEACH FL 32174	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	MGRM	LEB, ROBERT B MD	483 S. NOVA RD ORMOND BEACH FL 32174	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	MGRM	MONSOUT, F. J. MD	483 S NOVA RD ORMOND BEACH FL 32174	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	MGRM	CARBONELL, O. F. MD	483 S. NOVA RD ORMOND BEACH FL 32174	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	MGRM	WEAVER, T. W. MD	483 S. NOVA RD ORMOND BEACH FL 32174	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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*****50.00 *****50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date _____ Daytime Phone # **904/673-8040**