


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90003 002 ***138.75

DOCUMENT # L99000001868			
1. Entity Name ORMOND RADIOLOGY PARTNERSHIP, LLC			
Principal Place of Business 500 MEMORIAL CIRCLE SUITE B ORMOND BEACH, FL 32174		Mailing Address 500 MEMORIAL CIRCLE SUITE B ORMOND BEACH, FL 32174	
2. Principal Place of Business - No P.O. Box # 1680 DUNLAWTON AVE		3. Mailing Address 1680 DUNLAWTON AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PORT ORANGE		City & State PORT ORANGE, FL	
Zip 32127	Country USA	Zip 32127	Country USA
4. FEI Number 59-2940987		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MONSOUR, FREDERICK J 500 MEMORIAL CIRCLE SUITE B ORMOND BEACH, FL 32174		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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<p>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</p>		<p>Make check payable to Florida Department of State</p>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MONSOUR, FREDERICK J MD 500 MEMORIAL CIRCLE, SUITE B ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1680 DUNLAWTON AVE PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEB, ROBERT B MD 500 MEMORIAL CIRCLE, SUITE B ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1680 DUNLAWTON AVE PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEAVER, JAMES J MD 500 MEMORIAL CIRCLE, SUITE B ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1680 DUNLAWTON AVE PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DANA, FRANKLIN MD 500 MEMORIAL CIRCLE - SUITE B ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1680 DUNLAWTON AVE PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAMCHANDER, NEVILLE MD 500 MEMORIAL CIRCLE, SUITE B ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1680 DUNLAWTON AVE PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PINEIRO, SERGIO DO 500 MEMORIAL CIRCLE, SUITE B ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1680 DUNLAWTON AVE PORT ORANGE, FL 32127
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: _____		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			