

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000001868

FILED
Feb 16, 2010
Secretary of State

Entity Name: ORMOND RADIOLOGY PARTNERSHIP, LLC

Current Principal Place of Business:

1680 DUNLAWTON AVE
PORT ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

1680 DUNLAWTON AVE
PORT ORANGE, FL 32127

New Mailing Address:

FEI Number: 59-2940987

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDNES, CHARLES A MGR
1680 DUNLAWTON AVE
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: MONSOUR, FREDERICK J MD
Address: 1680 DUNLAWTON AVE
City-St-Zip: PORT ORANGE, FL 32127

Title: MGRM
Name: LEB, ROBERT B MD
Address: 1680 DUNLAWTON AVE
City-St-Zip: PORT ORANGE, FL 32127

Title: MGRM
Name: WEAVER, JAMES J MD
Address: 1680 DUNLAWTON AVE
City-St-Zip: PORT ORANGE, FL 32127

Title: MGRM
Name: DANA, FRANKLIN MD
Address: 1680 DUNLAWTON AVE
City-St-Zip: PORT ORANGE, FL 32127

Title: MGRM
Name: RAMCHANDER, NEVILLE MD
Address: 1680 DUNLAWTON AVE
City-St-Zip: PORT ORANGE, FL 32127

Title: MGRM
Name: PINEIRO, SERGIO DO
Address: 1680 DUNLAWTON AVE
City-St-Zip: PORT ORANGE, FL 32127

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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 SANDNES

MGR

02/16/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date