

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000000194 1. Entity Name GAINESVILLE RADIOLOGY GROUP WEST, LLC	
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Principal Place of Business 4960 NEWBERRY RD., STE. 280 GAINESVILLE, FL 32607	Mailing Address 4960 NEWBERRY RD., STE. 280 GAINESVILLE, FL 32607
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DO NOT WRITE IN THIS SPACE



01142004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3618240	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ARVESU, ANTONIO F
3610 N.W. 97TH BLVD.
GAINESVILLE, FL 32606

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

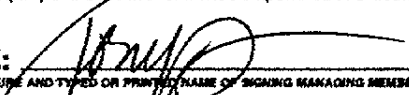
**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MP ARVESU, ANTONIO F 3710 NW 97TH BLVD. GAINESVILLE, FL 32606
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UD00000023430
02/02/04-80025-014 50.00

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IN THIS SPACE**

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 808, Florida Statutes.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #