2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2004
Secretary of State

DOCUMENT# L00000002810

Entity Name: RADIOLOGY ASSOCIATES OF CENTRAL FLORIDA, P.L.

Current Principal Place of Business:

801 E. DIXIE AVENUE, SUITE 104
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

801 E. DIXIE AVENUE, SUITE 104
LEESBURG, FL 34748

New Mailing Address:

FEI Number: 59-3635297 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KELLER, CATHERINE E M.D.
801 E. DIXIE AVENUE, SUITE 104
LEESBURG, FL 34748 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/MEMBERS:

Title:	MGRM	( ) Delete
Name:	KELLER, CATHRINE E MD	
Address:	801 E DIXIE AVE., #104	
City-St-Zip:	LEESBURG, FL 34747	
Title:	MGRM	( ) Delete
Name:	LEVINE, MICHAEL S MD	
Address:	801 E DIXIE AVE., #104	
City-St-Zip:	LEESBURG, FL 34747	
Title:	MGRM	( ) Delete
Name:	GURINSKY, JOSEPH S MD	
Address:	801 E DIXIE AVE., #104	
City-St-Zip:	LEESBURG, FL 34747	
Title:	MGRM	( ) Delete
Name:	JACOBSON, MARK MD	
Address:	801 E DIXIE AVE., #104	
City-St-Zip:	LEESBURG, FL 34747	
Title:	MGRM	( ) Delete
Name:	SCHWARTZBERG, MARC MD	
Address:	801 E DIXIE AVE., #104	
City-St-Zip:	LEESBURG, FL 34747	
Title:	MGRM	( ) Delete
Name:	WEYN, DAVID C MD	
Address:	801 E DIXIE AVE., #104	
City-St-Zip:	LEESBURG, FL 34747	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CATHRINE E KELLER MD MGRM 04/15/2004

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