


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000013423
 1. Entity Name
WESTCHESTER DIAGNOSTIC RADIOLOGY L.L.C.



Principal Place of Business Mailing Address
 2500 S.W. 75TH AVE. P.O. BOX 557249
 RADIOLOGY DEPARTMENT MIAMI, FL 33255-7249
 MIAMI, FL 33155

DO NOT WRITE IN THIS SPACE



04292004 No Chg-LLC CR2E083 (10/03)

4. FBI Number Applied For
65-1119703 Not Applicable

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

6. Name and Address of Current Registered Agent
PEREZ, ELIZABETH L
1643 BRICKELL AVE APT 1001
MIAMI, FL 33429

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 _____ DATE _____
Signature, typed or printed name of registered agent as of the filing date. (NOTE: Registered Agent signature required when appointing)

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

U000000153909
 05/04/04-80146-020 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	PEREZ, M.D., MANUEL
STREET ADDRESS	1643 BRICKELL AVE APT 1001
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE 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)(f), 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: *Elizabeth Perez* 4/27/04 305-984-6344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #