

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000014096

Entity Name: BAY AREA RADIOLOGY, LLC

FILED
Jan 09, 2006
Secretary of State

Current Principal Place of Business:

4111 HIGHLAND PARK CIRCLE
LUTZ, FL 33558

New Principal Place of Business:

10010 NORTH DALE MABRY HWY
150
TAMPA, FL 33618

Current Mailing Address:

4111 HIGHLAND PARK CIRCLE
LUTZ, FL 33558

New Mailing Address:

10010 NORTH DALE MABRY HWY
TAMPA, FL 33618

FEI Number: 59-3741323

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEELE, THOMAS T
101 EAST KENNEDY BLVD., STE. 2800
TAMPA, FL 33602 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: MGR () Delete
Name: COUSIN, ALAN J
Address: 4111 HIGHLAND PARK CIRCLE
City-St-Zip: LUTZ, FL 33558

Title: MGR () Delete
Name: COTTON, ERIC K
Address: 1106 ABBEYS WAY
City-St-Zip: TAMPA, FL 33602

Title: MGR () Delete
Name: BLAKENSHIP, HOWARD K
Address: 4102 CAUSEWAY VISTA DR
City-St-Zip: TAMPA, FL 33615

Title: MGR (X) Delete
Name: BUNDSCHU, CLAUDIA C
Address: 6112 PASADENA POINT BLVD
City-St-Zip: GULFPORT, FL 33707

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ALAN J COUSIN MD

MGR

01/09/2006

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