

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L01000014096

FILED
Aug 20, 2007
Secretary of State**Entity Name:** BAY AREA RADIOLOGY, LLC**Current Principal Place of Business:**10010 NORTH DALE MABRY HWY
150
TAMPA, FL 33618**New Principal Place of Business:****Current Mailing Address:**10010 NORTH DALE MABRY HWY
TAMPA, FL 33618**New Mailing Address:****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:**STEELE, THOMAS T
201 EAST KENNEDY BLVD
STE 425
TAMPA, FL 33602 US

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: THOMAS STEELE

08/20/2007

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 33558Title: MGR () Delete
Name: COTTON, ERIC K
Address: 1106 ABBEYS WAY
City-St-Zip: TAMPA, FL 33602Title: MGR () Delete
Name: BLAKENSHIP, HOWARD K
Address: 4102 CAUSEWAY VISTA DR
City-St-Zip: TAMPA, FL 33615**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:

I hereby certify that the information supplied with this filing does not qualify 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 COUSIN

MGR

08/20/2007

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