LIMITED LIABILITY COMPANY

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED
Jun 25, 2002 8:00 am
Secretary of State
05-12-2002 90577 028 ****50.00

			r:(ODK)	03-12-	-2002 90377 028 30.00	
DOCI	JMENT # L01000017					
TAMPA	BAY RADIOLOGY CONSU	LTANIS, PL	7			
· · · · ·						
	DO NOT WRITE	E IN THIS	SPACE			
2. Principal	Place of Business	3. Mailing Address			90404	
			ERLY DRIVE	,'	36797	
Suite, Apt. #. etc.		Suite. Apt. #, etc.		·		
SUITE 3924		SUITE 3924		DO NOT W	RITE IN THIS SPACE	
TAMPA FL		City & State		4. FEI Number	Applied For	
Zip	Country	TAMPA FL		59-3749062	Not Applicable	
33647		33647	Country	5. Certificate of Status Desired	□ \$5.00 Additional Fee Required	
			Name	7. Name and Address of Curren	t Registered Agent	
Committee of the commit	DO NOT W	IRITE"	CORP	CORPORATION-SERVICE COMPANY		
			Street Address	(P.O. Box Number is Not Acceptab	le)	
	IN THIS SI	PACE	1201	HAYS STREET		
A. 3.				·		
1.50		<i></i>	City	AHASSEE	FL Zip 32301	
8. The above	e named entity submits this statement for	or the purpose of changing	its registered office or registe	ered agent or both in the State of El	~ida	
			• •		sinds.	
SIGNATURE	Signature, typed or printed name of registered agent	and little of applicable				
		Fast Title A.		Deviana e e e	DATE	
	-	Make Chack	FEE IS \$50.00. Payable to Department		[
			DUE BY MAY 1	n State		
9	MANAGING, MEMBE	RS/MANAGEDS -		37.38.34	· :	
MILE	managing Member	(MS	Carrie 1		And the state of t	
MME	ELLIS B NORSOPH		-NAME 21			
TREET ADDRESS	15350 AMBERLY DRIV	E SUITE 3924	- STREET ADDRESS			
ZIY-ST-ZIP	TAMPA FL 33647		CITY-ST-ZIP 7		3R2E083B (12/01	
TILE MAKE			TRUE	4784		
TREET ADDRESS			NAME			
ITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
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AME			TITLE			
TREET ADORESS			STREET ADDRESS			
ITY-ST-ZIP			CITY-ST-ZIP	DO NOT	<i>N</i> RITE	
TLE			TITLE .			
REET ADDRESS			NAME	IN THIS S	PACE	
TY-ST-ZIP			STREET ADORESS			
TLE .			CITY-ST-ZIP			
UNIE			TITLE			
REET ADDRESS			NAME STREET ADDRESS			
Y-\$1-ZIP			CITY-ST-ZIP		1	
ré			TITLE			
ME .			NAME			
REET ADDRESS		• •	STREET ADDRESS			
Y-ST-ZIP			CITA-21-516			
 I hereby ce indicated o 	ertify that the information supplied with the this report is true and accurate and the street an	his filing does not qualify fo	x the exemption stated in Sec	tion 1.19.07(3)(i), Florida Statutes: 17	urther certify that the information	
limited liabi	on this report is true and accurate and it litty company or the receiver or trustee i	empowered to execute this	The same legal effect as if ma report as required by Chapter	nde under oath: that I am a managir	g member or manager of the	
		0		E SONA, ERAFUEL SHARLES.	-	