

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007360

FILED
Feb 15, 2008
Secretary of State

Entity Name: FLORIDA RADIOLOGY LEASING, LLC

Current Principal Place of Business:

2726 SWAMP CABBAGE COURT
FORT MYERS, FL 33901 US

New Principal Place of Business:

Current Mailing Address:

2726 SWAMP CABBAGE COURT
FORT MYERS, FL 33901 US

New Mailing Address:

FEI Number: 03-0420417

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, GARY
100 S. ASHLEY DRIVE
SUITE 1500
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: S/T () Delete
Name: HOWARD, JOHN L
Address: 2726 SWAMP CABBAGE COURT
City-St-Zip: FORT MYERS, FL 33901

Title: VP () Delete
Name: GERSON, DONALD E
Address: 2726 SWAMP CABBAGE COURT
City-St-Zip: FORT MYERS, FL 33901

Title: VP () Delete
Name: PRESBRY, THOMAS G
Address: 2726 SWAMP CABBAGE COURT
City-St-Zip: FORT MYERS, FL 33901

Title: VP () Delete
Name: NEGIN, GEOFFREY A
Address: 2726 SWAMP CABBAGE COURT
City-St-Zip: FORT MYERS, FL 33901

Title: PRES () Delete
Name: TIENSTRA, JOSEPH E
Address: 2726 SWAMP CABBAGE COURT
City-St-Zip: FORT MYERS, FL 33901

ADDITIONS/CHANGES:

Title: T (X) Change () Addition
Name: WALTERS, JAMES S
Address: 2726 SWAMP CABBAGE COURT
City-St-Zip: FORT MYERS, FL 33901

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

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

Title: VP/S (X) Change () Addition
Name: NEGIN, GEOFFREY A
Address: 2726 SWAMP CABBAGE COURT
City-St-Zip: FORT MYERS, FL 33901

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: JOSEPH E. TIENSTRA

PRES

02/15/2008

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