## **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # L02000023974** 1. Entity Name RADIOLOGY PARTNERS LLC Principal Place of Business Mailing Address 2862 SE MONROE ST. STUART, FL 34997 6 SOUTHWHISPER CT COLUMBUS, GA 31909 DO NOT WRITE IN THIS SPACE 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent SPOONER, LEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

**FILED** Jan 15, 2004 08:00 AM **Secretary of State** 



01112004No Chg-LLC

CR2E083 (10/03)

4. FEI Number	<del>_</del>		Applied For
51-0426664			Not Applicable
		\$5.00	Additional

Fee Required

## DO NOT WRITE

13 Jan 2004

2862 SE N STUART,	MONROE ST. FL 34997	IN THIS SPACE	
8. The above the obligar	named entity submits this statement for the purpose of changing itions of registered agent.	is registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or privided name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstance)		
	iling Fee is \$50.00 ue by May 1, 2004		
<b>9</b> .	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHNEIDER, MIKE 2862 SE MONROE STREET STUART, FL 34997	U0000005393	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGR MAULSBY, GILBERT 6 SOUTH WHISPER CT COLUMBUS, GA 319093157	01/16/04-80002-006 50.00	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Marie Service Control of the Control		
11. I hereby of indicated limited fla.	certify that the information supplied with this filling does not qualify in on this report is true and accurate and that my signature shall have billity company or the receiver or trustee empowered to execute this	or the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information the same legal effect as if made under dath, that I am a managing member or manager of the seport as required by Chapter 608, Florida Statutes.	