

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000023974

FILED
Jan 30, 2005
Secretary of State

Entity Name: RADIOLOGY PARTNERS LLC

Current Principal Place of Business:

2862 SE MONROE ST.
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

6 SOUTHWISPER CT
COLUMBUS, GA 31909

New Mailing Address:

714 NORTH DAWSON STREET
THOMASVILLE, GA 31792

FEI Number: 51-0426664

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPOONER, LEN
2862 SE MONROE ST.
STUART, FL 34997 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/MEMBERS:

Title: MGRM () Delete
Name: SCHNEIDER, MIKE
Address: 2862 SE MONROE STREET
City-St-Zip: STUART, FL 34997

Title: MGR () Delete
Name: MAULSBY, GILBERT
Address: 6 SOUTH WHISPER CT
City-St-Zip: COLUMBUS, GA 319093157

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: NEWMAN, CARY
Address: 714 NORTH DAWSON STREET
City-St-Zip: THOMASVILLE, GA 31792

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CARY C. NEWMAN

MGR

01/30/2005

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