

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000023974

Entity Name: RADIOLOGY PARTNERS LLC

FILED  
Jan 15, 2011  
Secretary of State

**Current Principal Place of Business:**

2862 SE MONROE ST.  
STUART, FL 34997

**New Principal Place of Business:**

**Current Mailing Address:**

714 NORTH DAWSON STREET  
THOMASVILLE, GA 31792

**New Mailing Address:**

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/MANAGERS:**

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

Title: MGR  
Name: NEWMAN, CARY  
Address: 714 NORTH DAWSON STREET  
City-St-Zip: THOMASVILLE, GA 31792

I hereby 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 NEWMAN

MGRM

01/15/2011

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