

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2004 8:00 am
Secretary of State

03-23-2004 90069 016 ****50.00

DOCUMENT # L02000026944

1. Entity Name
KEY WEST RADIOLOGY ASSOCIATES, L.L.C.



Principal Place of Business
**444 CARIBBEAN DRIVE EAST
SUMMERLAND KEY, FL 33042**

Mailing Address
**444 CARIBBEAN DRIVE EAST
SUMMERLAND KEY, FL 33042**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03102004 Chg-LLC CR2E083 (10/03)

4. FEI Number
16-1635025

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**AMERIGO FALCIANI
444 CARIBBEAN DRIVE EAST
SUMMERLAND KEY, FL 33042**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME FALLIANI, AMERIGO
STREET ADDRESS 444 CARIBBEAN DRIVE EAST
CITY-ST-ZIP SUMMERLAND KEY, FL 33042

TITLE ☒ Change ☐ Addition
NAME **FALCIANI, AMERIGO**
STREET ADDRESS
CITY-ST-ZIP

TITLE MGRM ☐ Delete
NAME HENNEMAN, JEANNE
STREET ADDRESS 286 COLSON DRIVE
CITY-ST-ZIP SUMMERLAND KEY, FL 33042

TITLE ☒ Change ☐ Addition
NAME **HENNEMAN, JEANNE**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Jeanne M. Henneman