

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 01, 2005 8:00 am
Secretary of State

07-01-2005 90065 027 ****50.00

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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

20060866



05112005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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 September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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: *X A. Falciani*

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

X 6/24/05

Date

Daytime Phone #