


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000009733 1. Entity Name CARROLLWOOD DIAGNOSTIC IMAGING ASSOCIATES, LLC	
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Principal Place of Business 7171 NORTH DALE MABRY HIGHWAY SUITE 101 TAMPA, FL 33614	Mailing Address 6983 E FOWLER AVENUE TAMPA, FL 33617
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DO NOT WRITE IN THIS SPACE



04062007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 13-4244917	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WALKER, GARY 202 S. ROME AVE. SUITE 100 TAMPA, FL 33606

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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 May 1, 2007	U000000737744 05/11/07-80040-006 50.00
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NORSOPH, ELLIS 1149 ABBEYS WAY TAMPA, FL 33602
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **4/23/07.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Ellis Norsoph