


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90219 042 ****50.00

DOCUMENT # L03000010035 1. Entity Name RADIOLOGY ASSOCIATES OF FORT WALTON BEACH FLORIDA, L.L.C.					
Principal Place of Business 35 POQUITO ROAD SHALIMAR, FL 32579			Mailing Address P.O. DRAWER 877 SHALIMAR, FL 32579-9877		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-0376992	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ANCHORS, C. LEDON 909 MAR WALT DRIVE SUITE 1014 FT. WALTON BEACH, FL 32547				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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAMBLEY, WILLIAM C JR P.O. DRAWER 877 SHALIMAR, FL 325790877	<input type="checkbox"/> Delete.			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAMPBELL, JOHN J MD P.O. DRAWER 877 SHALIMAR, FL 325790877	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIGGSELL, BARRY F MD P.O. DRAWER 877 SHALIMAR, FL 325790877	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAMBLEY, WILLIAM C JR P.O. DRAWER 877 SHALIMAR, FL 325790877	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAMBLEY, WILLIAM C JR P.O. DRAWER 877 SHALIMAR, FL 325790877	<input type="checkbox"/> Delete			
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: <u>William C. Hambley Jr</u> WILLIAM C. HAMBLEY JR <u>Mar 24 2004</u> <u>850-34-7575</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

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