

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000010035

FILED  
Apr 07, 2005  
Secretary of State

**Entity Name:** RADIOLOGY ASSOCIATES OF FORT WALTON BEACH FLORIDA, L.L.C.

**Current Principal Place of Business:**

35 POQUITO ROAD  
SHALIMAR, FL 32579

**New Principal Place of Business:**

35 POQUITO ROAD  
SHALIMAR, FL 32579 US

**Current Mailing Address:**

P.O. DRAWER 877  
SHALIMAR, FL 325799877

**New Mailing Address:**

424 RACETRACK ROAD N.W.  
FORT WALTON BEACH, FL 32579 US

**FEI Number:** 20-0376992

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ANCHORS, C. LEDON  
909 MAR WALT DRIVE  
SUITE 1014  
FT. WALTON BEACH, FL 32547 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: HAMBLEY, WILLIAM C JR  
Address: P.O. DRAWER 877  
City-St-Zip: SHALIMAR, FL 325790877

Title: MGRM ( ) Delete  
Name: CAMPBELL, JOHN J MD  
Address: P.O. DRAWER 877  
City-St-Zip: SHALIMAR, FL 325790877

Title: MGRM ( ) Delete  
Name: RIGGSELL, BARRY F MD  
Address: P.O. DRAWER 877  
City-St-Zip: SHALIMAR, FL 325790877

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HAMBLEY, WILLIAM C JR  
Address: 424 RACETRACK ROAD N.W.  
City-St-Zip: FORT WALTON BEACH, FL 32579

Title: MGRM (X) Change ( ) Addition  
Name: CAMPBELL, JOHN J MD  
Address: 424 RACETRACK ROAD N.W.  
City-St-Zip: FORT WALTON BEACH, FL 32579

Title: MGRM (X) Change ( ) Addition  
Name: RIGGS, BARRY F MD  
Address: 424 RACETRACK ROAD N.W.  
City-St-Zip: FORT WALTON BEACH, FL 32579

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM C. HAMBLEY JR., MD

MGRM

04/07/2005

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