

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000010035

FILED
Apr 24, 2007
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 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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/MANAGERS:

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

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

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

MGRM

04/24/2007

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