2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000010412

City-St-Zip:

ORLANDO, FL 32819

Entity Name: CLERMONT RADIOLOGY, LLC

FILED Apr 19, 2007 Secretary of State

Current P	Principal Place	e of Business:	New Principal Plac	New Principal Place of Business:	
	LEY SEAVER	DR.			
STE. B CLERMOI	NT, FL 34711				
Current N	Mailing Addres	ss:	New Mailing Addre	New Mailing Address:	
2057 COUNTY RD. 546 BUSHNELL, FL 33153			2180 PREMIER ROW ORLANDO, FL 32809		
FEI Number	r: 81-0607616	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
9753 S. O	EZ & ASSOCIA RANGE BLOS O, FL 32837	SOM TRAIL, STE. 101			
	e named entity e of Florida.	submits this statement for the	e purpose of changing its register	red office or registered agent, or both	
SIGNATU	RE:				
Electronic Signature of Registered Age			gent	Date	
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGR (ROSS, MICHA 2057 CR 546 BUSHNELL, FI		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:) Delete ′ & DEVELO, PMENT DRTH COURT	Title: Name: Address:	() Change () Addition	

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: MICHAEL ROSS MR 04/19/2007