

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000010412

Entity Name: CLERMONT RADIOLOGY, LLC

FILED
Mar 17, 2009
Secretary of State

Current Principal Place of Business:

1804 OAKLEY SEAVER DR.
STE. B
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

2180 PREMIER ROW
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 81-0607616

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

J. JIMENEZ & ASSOCIATES, P.A.
9753 S. ORANGE BLOSSOM TRAIL, STE. 101
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

MILLER, SOUTH & MILHAUSEN, P.A.
1000 LEGION PLACE
1200
ORLANDO, FL 32801 US

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: J. TODD SOUTH, PARTNER

03/17/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ROSS, MICHAEL W PRES.
Address: 2057 CR 546
City-St-Zip: BUSHNELL, FL 33513

Title: MGR (X) Delete
Name: ROSE REALTY & DEVELO, PMENT
Address: 8988 ISLESWORTH COURT
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ROSE REALTY & DEVELO, PMENT, INC.
Address: 8988 ISLESWORTH COURT
City-St-Zip: ORLANDO, FL 32819 US

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

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT N. SERROS, JR.

MGMR

03/17/2009

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