2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000018204

1. Entity Name
RADIOLOGY PHYSICIANS OF INDIAN RIVER COUNTY , LC

Principal Place of Business	Mailing Address
777 37TH STREET SUITE A-103 VERO BEACH, FL 32960 US	777 37TH STREET SUITE A-103 VERO BEACH, FL 32960 US

DO NOT WRITE IN THIS SPACE

02032006No Chg-LLC CR2E083 (11/05)

4. FEI Number
61-1451374
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

JOYCE, PETER H M.D.
777 37TH STREET
SUITE A-103
VERO BEACH, FL 32960

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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 _____ Managing Member 3/15/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	JOYCE, PETER H MD
STREET ADDRESS	777 37TH STREET SUITE A-103
CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	MGRM
NAME	BISSET, ROBERT R MD
STREET ADDRESS	777 37TH STREET SUITE A-103
CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	MGRM
NAME	COLELLA, JAY P MD
STREET ADDRESS	777 37TH STREET SUITE A-103
CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	MGRM
NAME	NAGEL, HEATHER S
STREET ADDRESS	777 37TH STREET SUITE A-103
CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	MGRM
NAME	PUSKAR, GEORGE T M.D.
STREET ADDRESS	777 37TH STREET SUITE A-103
CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	MGRM
NAME	WEEKS, MARGARET W MD
STREET ADDRESS	777 37TH STREET SUITE A-103
CITY-ST-ZIP	VERO BEACH, FL 32960

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04/11/06-80054-004 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 3/15/06 772-562-0163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Peter H. Joyce MD