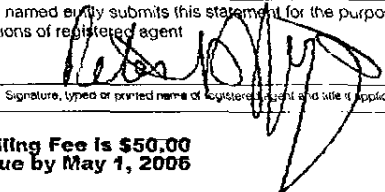
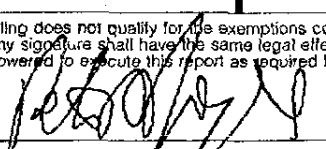


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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 777 37TH STREET SUITE A-103 VERO BEACH, FL 32960 US		Mailing Address 777 37TH STREET SUITE A-103 VERO BEACH, FL 32960 US
DO NOT WRITE IN THIS SPACE		
		02032006 No 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		DO NOT WRITE IN THIS SPACE
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  Signature, typed or printed name of registered agent and state if applicable		MANAGING MEMBER 3/15/06 (NOTE: Registered Agent signature required when filing change) DATE
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		U00000481917 04/11/06-80054-004 50.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOYCE, PETER H MD 777 37TH STREET SUITE A-103 VERO BEACH, FL 32960	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BISSET, ROBERT R MD 777 37TH STREET SUITE A-103 VERO BEACH, FL 32960	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLELLA, JAY P MD 777 37TH STREET SUITE A-103 VERO BEACH, FL 32960	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NAGEL, HEATHER S 777 37TH STREET SUITE A-103 VERO BEACH, FL 32960	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PUSKAR, GEORGE T M.D. 777 37TH STREET SUITE A-103 VERO BEACH, FL 32960	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEEKS, MARGARET W MD 777 37TH STREET SUITE A-103 VERO BEACH, FL 32960	
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Peter H. Joyce MD		3/15/06 772-562-0163 Date Daytime Phone