

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90314 019 \*\*\*138.75

**DOCUMENT # L03000018204**

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



Principal Place of Business Mailing Address  
3725 11TH CIRCLE 3725 11TH CIRCLE  
VERO BEACH, FL 32960 US VERO BEACH, FL 32960 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Zip Country Zip Country

04042008 Chg-LLC CR2E083 (12/06)



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.  
3725 11TH CIRCLE  
VERO BEACH, FL 32960

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to:**  
**Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	JOYCE, PETER H MD	
STREET ADDRESS	3725 11TH CIRCLE	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BISSET, ROBERT R MD	
STREET ADDRESS	3725 11TH CIRCLE	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	COLELLA, JAY P MD	
STREET ADDRESS	3725 11TH CIRCLE	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	NAGEL, HEATHER S	
STREET ADDRESS	3725 11TH CIRCLE	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	PUSKAR, GEORGE T M.D.	
STREET ADDRESS	3725 11TH CIRCLE	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WEEKS, MARGARET W MD	
STREET ADDRESS	3725 11TH CIRCLE	
CITY-ST-ZIP	VERO BEACH, FL 32960	

## 10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLMES, JOHN J.	
STREET ADDRESS	3725 11th CIRCLE	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEDEM, CAROLINE T.	
STREET ADDRESS	3725 11th CIRCLE	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SACKS, JEFFERY B.	
STREET ADDRESS	3725 11th CIRCLE	
CITY-ST-ZIP	VERO BEACH, FL 32960	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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, MANAGER, OR AUTHORIZED REPRESENTATIVE Date 4-7-08 772-562-0163 Daytime Phone #