

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000018204

FILED
Apr 07, 2009
Secretary of State

Entity Name: RADIOLOGY PHYSICIANS OF INDIAN RIVER COUNTY , LC

Current Principal Place of Business:

3725 11TH CIRCLE
VERO BEACH, FL 32960 US

New Principal Place of Business:

Current Mailing Address:

3725 11TH CIRCLE
VERO BEACH, FL 32960 US

New Mailing Address:

FEI Number: 61-1451374

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOYCE, PETER H M.D.
3725 11TH CIRCLE
VERO BEACH, FL 32960 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JOYCE, PETER H MD
Address: 3725 11TH CIRCLE
City-St-Zip: VERO BEACH, FL 32960

Title: MGRM () Delete
Name: BISSET, ROBERT R MD
Address: 3725 11TH CIRCLE
City-St-Zip: VERO BEACH, FL 32960

Title: MGRM () Delete
Name: COLELLA, JAY P MD
Address: 3725 11TH CIRCLE
City-St-Zip: VERO BEACH, FL 32960

Title: MGRM () Delete
Name: NAGEL, HEATHER S
Address: 3725 11TH CIRCLE
City-St-Zip: VERO BEACH, FL 32960

Title: MGRM () Delete
Name: PUSKAR, GEORGE T M.D.
Address: 3725 11TH CIRCLE
City-St-Zip: VERO BEACH, FL 32960

Title: MGRM () Delete
Name: WEEKS, MARGARET W MD
Address: 3725 11TH CIRCLE
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES:

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

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

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

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: PETER H. JOYCE, M.D.

MGRM

04/07/2009

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