
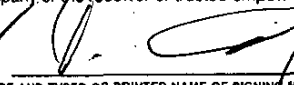


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90067 028 ****50.00

DOCUMENT # L03000019091			
1. Entity Name SANCHEZ RADIOLOGY, P.L.			
Principal Place of Business 651 EAST 25TH STREET HIALEAH, FL 33013 US		Mailing Address 651 EAST 25TH STREET HIALEAH, FL 33013 US	
2. Principal Place of Business		3. Mailing Address 9005 S.W. 68th Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Pinecrest, Florida	
Zip	Country	Zip 33156	Country USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SANCHEZ, CARLOS G M.D. 651 EAST 25TH STREET HIALEAH, FL 33013		Name CARLOS G. SANCHEZ, M.D. Street Address (P.O. Box Number is Not Acceptable) 9005 S.W. 68th Avenue City Pinecrest FL Zip Code 33156	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANCHEZ, CARLOS G 651 EAST 25TH STREET HIALEAH, FL 33013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Carlos G. Sanchez, M.D. 9005 S.W. 68th Avenue Pinecrest, Florida 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 1/20/06 Daytime Phone #: 786-299-1102	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			