


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # L03000019091  
 1. Entity Name  
 SANCHEZ RADIOLOGY, P.L.



Principal Place of Business 651 EAST 25TH STREET HIALEAH, FL 33013 US	Mailing Address 9005 SW 68TH AVE PINECREST, FL 33156 US
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**DO NOT WRITE IN THIS SPACE**



01152007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0125791	Applied For Not Applicable
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5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 SANCHEZ, CARLOS G M.D.  
 9005 SW 68TH AVE  
 PINECREST, FL 33156

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

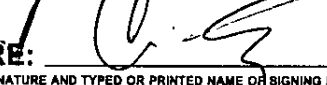
**Filing Fee is \$50.00  
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SANCHEZ, CARLOS G 9005 SW 68TH AVE PINECREST, FL 33156
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 04/25/07-80017-008 50.00

**DO NOT WRITE IN THIS SPACE**

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:   4/9/07  786-299-1102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #