

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


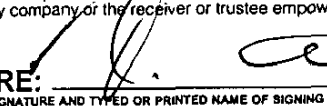
FILED
Jan 26, 2006 8:00 am
Secretary of State

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01172006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L03000019092					
1. Entity Name RADIOLOGIC, 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 Ave.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Pinecrest, Florida		4. FEI Number 20-1025679	
Zip		Country		Applied For Not Applicable	
Zip 33156		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
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 M.D. 651 E. 25TH ST. 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: 1/20/06 786 744-1102		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		