

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90180 002 \*\*\*\*50.00

<b>DOCUMENT # L03000022004</b> 1. Entity Name <b>QUORSAI RADIOLOGY ASSOCIATES, LLC</b>					
Principal Place of Business <b>505 EAST JACKSON STREET SUITE 202 TAMPA, FL 33602 US</b>			Mailing Address <b>505 EAST JACKSON STREET SUITE 202 TAMPA, FL 33602 US</b>		
2. Principal Place of Business <b>3805 HENDERSON BLVD</b>		3. Mailing Address <b>3805 HENDERSON BLVD</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>TAMPA, FLORIDA</b>		City & State <b>TAMPA, FLORIDA</b>		4. FEI Number <b>54-2114800</b>	
Zip <b>33629</b>		Country <b>U.S.A.</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33629</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROBERTS, RICHARD A 505 EAST JACKSON STREET SUITE 202 TAMPA, FL 33602</b>			7. Name and Address of New Registered Agent Name <b>VICK TIPNES</b> Street Address (P.O. Box Number is Not Acceptable) <b>3805 HENDERSON BLVD.</b> City <b>TAMPA</b> <b>FL</b> Zip Code <b>33629</b>		
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) <span style="float: right;">1/11/04</span> <small>Signature, typed or printed name of registered agent and title (if applicable)</small> <span style="float: right;"><small>DATE</small></span>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ROBERTS, RICHARD A 505 EAST JACKSON STREET, SUITE 202 TAMPA, FL 33602</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGER VICK TIPNES 3805 HENDERSON BLVD. TAMPA, FL 33629</b>	<input type="checkbox"/> Change <input checked="" 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			
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			
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 exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <span style="float: right;">1/11/04</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> <span style="float: right;"><small>DATE</small> <small>Daytime Phone #</small></span>					