2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029758

Entity Name: LANDAU RADIOLOGY, LLC

FILED Jan 29, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2885 SOUTH CONGRESS AVE., SUITE A 610 N. CONGRESS AVE. DELRAY BEACH, FL 33445

SUITE 310

DELRAY BEACH, FL 33445

Current Mailing Address: New Mailing Address:

2885 SOUTH CONGRESS AVE., SUITE A 610 N. CONGRESS AVE

SUITE 310 DELRAY BEACH, FL 33445

DELRAY BEACH, FL 33445

ADDITIONS/CHANGES:

FEI Number: 20-0144653 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A. KALMOWITZ, CARRIE 1840 SW 22ND ST. 610 N. CONGRESS AVE.

4TH FLOOR SUITE 310

MIAMI, FL 33145 US DELRAY BEACH, FL 33445 US

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: CARRIE KALMOWITZ 01/29/2004

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

MGR () Delete

(X) Change () Addition LANDAU, RONALD DR. LANDAU, RONALD DR. Name: Name:

2885 SOUTH CONGRESS AVE., SUITE A Address: 610 N. CONGRESS AVE., SUITE 310 Address:

City-St-Zip: DELRAY BEACH, FL 33445 City-St-Zip: DELRAY BEACH, FL 33445

Title: MGR Title:

() Delete (X) Change () Addition GOLDSTEIN, DAVID DR. Name: GOLDSTEIN, DAVID DR. Name:

Address: 2885 SOUTH CONGRESS AVE., SUITE A Address: 610 N. CONGRESS AVE., SUITE 310

City-St-Zip: DELRAY BEACH, FL 33445 City-St-Zip: DELRAY BEACH, FL 33445

Title: () Delete Title: MGR (X) Change () Addition MASTERMAN, MICHAEL DR. Name: MASTERMAN, MICHAEL DR. Name: 2885 SOUTH CONGRESS AVE., SUITE A 610 N. CONGRESS AVE., SUITE 310 Address: Address:

City-St-Zip: DELRAY BEACH, FL 33445 City-St-Zip: DELRAY BEACH, FL 33445

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL MASTERMAN 01/29/2004