## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000029758

Entity Name: LANDAU RADIOLOGY, LLC

FILED Mar 03, 2005 Secretary of State

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

610 N. CONGRESS AVE. 601 N. CONGRESS AVE.

SUITE 310 SUITE 311 DELRAY BEACH, FL 33445 DELRAY BEACH, FL 33445

**Current Mailing Address: New Mailing Address:** 

610 N. CONGRESS AVE. 601 N. CONGRESS AVE SUITE 310 SUITE 311

DELRAY BEACH, FL 33445 DELRAY BEACH, FL 33445

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:

KALMOWITZ, CARRIE MASTERMAN, MICHAEL 610 N. CONGRESS AVE. 601 N. CONGRESS AVE. SUITE 311

SUITE 310

DELRAY BEACH, FL 33445 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: MICHAEL MASTERMAN 03/03/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

MGR Title: () Delete (X) Change ( ) Addition

LANDAU, RONALD DR. LANDAU, RONALD DR. Name: Name: 610 N. CONGRESS AVE., SUITE 310 Address: 601 N. CONGRESS AVE., SUITE 311 Address:

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

Title: MGR () Delete Title: (X) Change ( ) Addition GOLDSTEIN, DAVID DR. Name: Name: MASTERMAN, MICHAEL DR. Address: 610 N. CONGRESS AVE., SUITE 310 Address: 601 N. CONGRESS AVE., SUITE 311

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

Title: MGR (X) Delete Title: () Change () Addition

MASTERMAN, MICHAEL DR. Name: Name: 610 N. CONGRESS AVE., SUITE 310 Address: Address: City-St-Zip: DELRAY BEACH, FL 33445 City-St-Zip:

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 03/03/2005