2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004
Secretary of State

DOCUMENT# L03000036804

Entity Name: PARTNERS IN RADIOLOGY NETWORK, LLC

Current Principal Place of Business:

6423 NORTHWEST 82ND AVENUE
PARKLAND, FL 33067

New Principal Place of Business:

6315 NW 120 DRIVE
CORAL SPRINGS, FL 33076

Current Mailing Address:

6423 NORTHWEST 82ND AVENUE
PARKLAND, FL 33067

New Mailing Address:

6315 NW 120 DRIVE
CORAL SPRINGS, FL 33076

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PHILLIPS, GARY S
4000 HOLLYWOOD BLVD., SUITE 265 SOUTH
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

BARDALES, RAMON
6315 NW 120 DRIVE
CORAL SPRINGS, FL 33076 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: RAMON BARDALES 04/19/2004
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: BARDALES, RAMON
Address: 6423 NORTHWEST 82ND AVENUE
City-St-Zip: PARKLAND, FL 33067

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BARDALES, RAMON
Address: 6315 NW 120 DRIVE
City-St-Zip: CORAL SPRINGS, FL 33076

Title: MGR ( ) Change (X) Addition
Name: LLERA, RUBEN
Address: 11801 SW 90 STREET, STE 102
City-St-Zip: MIAMI, FL 33186

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: RAMON BARDALES MGRM 04/19/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date