

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000047149

FILED
Mar 05, 2009
Secretary of State

Entity Name: RADIOLOGY ASSOCIATES, LLC

Current Principal Place of Business:

6806 CECELIA DRIVE
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1175
NEW PORT RICHEY, FL 34656

New Mailing Address:

FEI Number: 59-1941740

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRYANT, CHRISTOPHER CEO
6806 CECELIA DRIVE
NEW PORT RICHEY, FL 34653 US

Name and Address of New Registered Agent:

ANTHONY, CHARLES R M.D.
6806 CECELIA DRIVE
NEW PORT RICHEY, FL 34653 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: CHARLES R. ANTHONY

03/05/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: ANTHONY, CHARLES
Address: 6806 CECELIA DR.
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: S () Delete
Name: BRYANT, CHRISTOPHER
Address: 6806 CECELIA DR.
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: VP () Delete
Name: KAHEN, HOWARD L MD
Address: 6806 CECELIA DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34653

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: HOWARD L. KAHEN

VP

03/05/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date