2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2006
Secretary of State

DOCUMENT# L03000047152

Entity Name: RADIOLOGY ASSOCIATES READING SERVICES, PL

Current Principal Place of Business:

7143 STATE ROAD 54, #184
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

Current Mailing Address:

7143 STATE ROAD 54, #184
NEW PORT RICHEY, FL 34653

New Mailing Address:

FEI Number: 90-0124905 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

F & L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	P	( ) Delete
Name:	NYMAN, WILLIAM L	
Address:	6806 CECELIA DR	
City-St-Zip:	NEW PORT RICHEY, FL 34653	
Title:	V	( ) Delete
Name:	COTRONEO, VINCENT G	
Address:	6806 CECELIA DR	
City-St-Zip:	NEW PORT RICHEY, FL 34653	
Title:	S	( ) Delete
Name:	EPTING, PATRICK L	
Address:	6860 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 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: PATRICK L. EPTING S 01/17/2006

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