

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000047152

FILED
Feb 17, 2011
Secretary of State

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:

6806 CECELIA DRIVE
NEW PORT RICHEY, FL 34653

Current Mailing Address:

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

New Mailing Address:

6806 CECELIA DRIVE
NEW PORT RICHEY, FL 34653

FEI Number: 90-0124905

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANTHONY, CHARLES R M.D.
6806 CECELIA DRIVE
NEW PORT RICHEY, FL 34653 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: DR.
Name: COTRONEO, VINCENT G
Address: 6806 CECELIA DR
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: DR.
Name: RONA, GABOR A
Address: 6806 CECELIA DR
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: DR.
Name: KAHEN, HOWARD L
Address: 6806 CECELIA DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: DR.
Name: NYMAN, WILLIAM L
Address: 6806 CECELIA DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: DR.
Name: JOHNSTON, STEPHEN D
Address: 6806 CECELIA DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: DR.
Name: KAPLAN, TODD M
Address: 6806 CECELIA DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34653

I hereby 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: CHARLES ANTHONY

DR.

02/17/2011

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