

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000016991

**FILED**  
**Mar 21, 2006**  
**Secretary of State**

**Entity Name:** MENDEZ RADIOLOGY, P.L.

**Current Principal Place of Business:**

902 NE 1ST ST  
POMPAÑO BEACH, FL 33060

**New Principal Place of Business:**

**Current Mailing Address:**

902 NE 1ST ST  
POMPAÑO BEACH, FL 33060

**New Mailing Address:**

**FEI Number:** 20-0810529

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HUME, JOHN ESQ  
1401 UNIVERSITY DR, #301  
CORAL SPRINGS, FL 33071 US

**Name and Address of New Registered Agent:**

HUME, JOHN ESQ  
1401 UNIVERSITY DR, #402  
CORAL SPRINGS, FL 33071 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:**

03/21/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** MENDEZ, GASTON JR  
**Address:** 10010 NW 45TH ST  
**City-St-Zip:** CORAL SPRINGS, FL 33065

**ADDITIONS/CHANGES:**

**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:** GASTON MENDEZ, JR.

MGRM

03/21/2006

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