2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Jun 02, 2005 8:00 am
Secretary of State
04-29-2005 90037 001 ****50.00

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1. Entity Name
LAKEWOOD RANCH RADIOLOGY CONSULTANTS, LLC

Principal Place of Business	Mailing Address
8309 SAILING LOOP BRADENTON, FL 34202-2225	8309 SAILING LOOP BRADENTON, FL 34202-2225

03282005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
8340 Lakewood Ranch Blvd	19005 69th Ave E Ste 3
Suite, Apt. #, etc. Ste 100	Suite, Apt. #, etc.
City & State Bradenton FL	City & State Bradenton, FL
Zip 34202 Country USA	Zip 34211 Country USA

4. FEI Number 20-1183962 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired. ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
STOLL, MICHAEL 8309 SAILING LOOP BRADENTON, FL 34202-2225	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBER	10. ADDITIONS/CHANGES
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: Michael Stoll, 19005 69th Ave East, Bradenton, FL 34211	TITLE: Managing Member ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: Stephen Ross, 17501 O'Hara Dr, Port Charlotte, FL 33948 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: Delete ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: John Thomas, 7222 Ashland Glen, Bradenton, FL 34202	TITLE: Manging Member ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ 4/14/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #