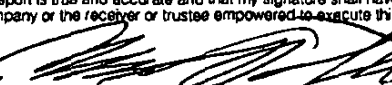


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 02, 2005 8:00 am
Secretary of State

04-29-2005 90037 001 ****50.00

DOCUMENT # L04000040896			
1. Entity Name LAKEWOOD RANCH RADIOLOGY CONSULTANTS, LLC			
Principal Place of Business 8309 SAILING LOOP BRADENTON, FL 34202-2225		Mailing Address 8309 SAILING LOOP BRADENTON, FL 34202-2225	
2. Principal Place of Business 8340 Lakewood Ranch Sulte, Apt. #, etc. Sulte 100		3. Mailing Address 19005 69th Ave E Sulte, Apt. #, etc. Sulte 100	
City & State Bradenton FL		City & State Bradenton FL	
Zip 34202 Country USA		Zip 34211 Country USA	
4. FEI Number 20-183962		Applied For ☐ Not Applicable	
5. Certificate of Status Desired. ☐ \$5.00 Additional Fee Required		03282005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent STOLL, MICHAEL 8309 SAILING LOOP BRADENTON, FL 34202-2225		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
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 E Bradenton, FL 34211	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Managing member ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Stephen Ross 17501 O'Hara Dr Port Charlotte, FL 33948 X 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 NAME STREET ADDRESS CITY - ST - ZIP	Managing 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)(j), 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: 		Date 4/14/05 Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

30008416

