2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2008
Secretary of State

DOCUMENT# L04000048501

Entity Name: NORTHEAST FLORIDA RADIOLOGY ASSOCIATES, P.L.

Current Principal Place of Business:

4066 MC GIRTS BLVD
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

4066 MC GIRTS BLVD
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 51-0545509 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILF, LARRY H
8652 CATHEDRAL OAKS PLACE, WEST
JACKSONVILLE, FL 32217 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 ( ) Delete
Name: WILF, LARRY H
Address: 8652 CATHEDRAL OAKS PLACE, WEST
City-St-Zip: JACKSONVILLE, FL 32217

Title: DR ( ) Delete
Name: PENTALERI, MICHAEL D
Address: 4066 MCGIRTS BLVD
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES:

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 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: LARRY H. WILF D 03/03/2008

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