

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054489

FILED
Jul 06, 2005
Secretary of State

Entity Name: MEDICAL SPECIALIST ASSOCIATES OF FLORIDA, LLC

Current Principal Place of Business:

1240 S. FORT HARRISON AVENUE
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

1240 S. FORT HARRISON AVENUE
CLEARWATER, FL 33756

New Mailing Address:

FEI Number: 81-0656333 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KENNEDY, JAMES J III, ES
BUCHANAN INGERSOLL PC
401 E. JACKSON STREET, STE. 2500
TAMPA, FL 33602 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: M () Change (X) Addition
Name: PREMIER RADIOLOGY, L, LP
Address: 1106 DRUID ROAD S., STE. 302
City-St-Zip: CLEARWATER, FL 33756 US

Title: M () Change (X) Addition
Name: MEDSPECIALISTA, INC.,
Address: 1240 S. FT. HARRISON
City-St-Zip: CLEARWATER, FL 33756 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PHILIP K. BEAUCHAMP

D

07/06/2005

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