

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000057500

FILED
Jun 22, 2005
Secretary of State

Entity Name: RADIOLOGY IMAGING AND INTERVENTION CENTERS LLC

Current Principal Place of Business:

5017 CAPTIVA CT
PUNTA GORDA, FL 33950 US

New Principal Place of Business:

3194 SUNRISE TERRACE
PORT CHARLOTTE, FL 33952 US

Current Mailing Address:

5017 CAPTIVA CT
PUNTA GORDA, FL 33950 US

New Mailing Address:

3194 SUNRISE TERRACE
PORT CHARLOTTE, FL 33952 US

FEI Number: 20-1543669 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:

SCHERER, JAMES L MD
5017 CAPTIVA CT
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

SCHERER, JAMES L MD
3194 SUNRISE TERRACE
PORT CHARLOTTE, FL 33952 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: _____

06/22/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RIGHT, ALBERTO MD
Address: 5017 CAPTIVA CT
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: MGRM () Delete
Name: ROCA, MARGO MD
Address: 5017 CAPTIVA CT
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: MGRM () Delete
Name: KING, DENNIS DO
Address: 5017 CAPTIVA CT
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: MGRM () Delete
Name: TURARIELLO, DANIEL MD
Address: 5017 CAPTIVA CT
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: MGRM () Delete
Name: MAUER, JAMES MD
Address: 5017 CAPTIVA CT
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: MGRM () Delete
Name: SCHERER, JAMES L MD
Address: 5017 CAPTIVA CT
City-St-Zip: PUNTA GORDA, FL 33950 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RIGHI, ALBERTO M MD
Address: 3194 SUNRISE TERRACE
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: MGRM (X) Change () Addition
Name: ROCA, MARGO MD
Address: 3194 SUNRISE TERRACE
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: MGRM (X) Change () Addition
Name: KING, DENNIS DO
Address: 3194 SUNRISE TERRACE
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: MGRM (X) Change () Addition
Name: TUFARIELLO, DANIEL MD
Address: 3194 SUNRISE TERRACE
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: MGRM (X) Change () Addition
Name: MAUER, JAMES MD
Address: 3194 SUNRISE TERRACE
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: MGRM (X) Change () Addition
Name: SCHERER, JAMES L MD
Address: 3194 SUNRISE TERRACE
City-St-Zip: PORT CHARLOTTE, FL 33952 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: ALBERTO M. RIGHI, M.D.

MGRM

06/22/2005

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