

# 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