

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000057500

FILED
Apr 06, 2006
Secretary of State

Entity Name: RADIOLOGY IMAGING AND INTERVENTION CENTERS LLC

Current Principal Place of Business:

3194 SUNRISE TERRACE
PORT CHARLOTTE, FL 33952 US

New Principal Place of Business:

Current Mailing Address:

3194 SUNRISE TERRACE
PORT CHARLOTTE, FL 33952 US

New Mailing Address:

P.O. BOX 496515
PORT CHARLOTTE, FL 33949 US

FEI Number: 20-1543669

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHERER, JAMES L MD
3194 SUNRISE TERRACE
PORT CHARLOTTE, FL 33952 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: MGRM () Delete
Name: RIGHI, ALBERTO M MD
Address: 3194 SUNRISE TERRACE
City-St-Zip: PORT CHARLOTTE, FL 33952 US

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

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

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

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

Title: MGRM () Delete
Name: SCHERER, JAMES L MD
Address: 3194 SUNRISE TERRACE
City-St-Zip: PORT CHARLOTTE, FL 33952 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES L SCHERER

MGRM

04/06/2006

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