2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# L04000062776

Entity Name: DAVINCI RADIOLOGY ASSOCIATES, P.L.

Current Principal Place of Business:

101 JFK DRIVE
ATLANTIS, FL 33462

New Principal Place of Business:

Current Mailing Address:

101 JFK DRIVE
ATLANTIS, FL 33462

New Mailing Address:

FEI Number: 80-0122914 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VANDEN BOSCH, MATTHEW T ESQ.
301 CLEMATIS AVENUE, STE. 3000
WEST PALM BEACH, FL 33401 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:	BOYLE, THOMAS MD	
Address:	17690 LOMOND CT	
City-St-Zip:	BOCA RATON, FL 33496	
Title:	MGRM	( ) Delete
Name:	STANTON, WILLIAM MD	
Address:	6900 NW 3RD AVE	
City-St-Zip:	BOCA RATON, FL 33487	
Title:	MGRM	( ) Delete
Name:	VANDEN BOSCH, NEDA MD	
Address:	8 HUDSON AVE	
City-St-Zip:	BOYNTON BEACH, FL 33435	
Title:	MGRM	( ) Delete
Name:	PALM BEACH RADIOLOGY, PROFESSIONALS , PA	
Address:	5301 SOUTH CONGRESS AVE	
City-St-Zip:	ATLANTIS, FL 33462	

ADDITIONS/CHANGES:

Title:	MGRM	(X) Change ( ) Addition
Name:	BOYLE, THOMAS MD	
Address:	17824 VILLA CLUB WAY	
City-St-Zip:	BOCA RATON, FL 33496	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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: THOMAS P. BOYLE, MD MGRM 04/03/2009

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