

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000062776

**FILED**  
**Mar 10, 2011**  
**Secretary of State**

**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  
**Name:** BOYLE, THOMAS MD  
**Address:** 17824 VILLA CLUB WAY  
**City-St-Zip:** BOCA RATON, FL 33496

**Title:** MGRM  
**Name:** STANTON, WILLIAM MD  
**Address:** 6900 NW 3RD AVE  
**City-St-Zip:** BOCA RATON, FL 33487

**Title:** MGRM  
**Name:** VANDEN BOSCH, NEDA MD  
**Address:** 8 HUDSON AVE  
**City-St-Zip:** BOYNTON BEACH, FL 33435

**Title:** MGRM  
**Name:** PALM BEACH RADIOLOGY PROFESSIONALS,PA  
**Address:** 5301 SOUTH CONGRESS AVE  
**City-St-Zip:** ATLANTIS, FL 33462

I hereby 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

03/10/2011

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