

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000092681

FILED
Jul 14, 2005
Secretary of State

Entity Name: FLORIDA RADIOLOGY ASSOCIATES OF HERNANDO, LLC

Current Principal Place of Business:

P.O. BOX 4053
HOLIDAY, FL 346904053

New Principal Place of Business:

P.O. BOX 4053
HOLIDAY, FL 346924053

Current Mailing Address:

P.O. BOX 4053
HOLIDAY, FL 346904053

New Mailing Address:

P.O. BOX 4053
HOLIDAY, FL 346924053

FEI Number: 84-1665504 **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:

KIERZYNSKI, MICHAEL J
5143 COMMERCIAL WAY
SPRING HILL, FL 34606 US

Name and Address of New Registered Agent:

KUMAR, ALKA
2413 MOUNTAIN ASH WAY
NEW PORT RICHEY, FL 34655 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: ALKA KUMAR

07/14/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KUMAR, ALKA
Address: 2413 MOUNTAIN ASH WAY
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES:

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 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: ALKA KUMAR

MGR

07/14/2005

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