
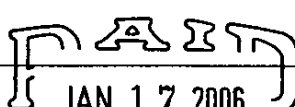



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 18, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90158 047 \*\*\*\*50.00

DOCUMENT # L05000008565					
1. Entity Name FLORIDA RADIOLOGY MANAGEMENT, LLC					
Principal Place of Business 631 PALM SPRINGS DRIVE SUITE 116 ALTAMONTE SPRINGS, FL 32701			Mailing Address 631 PALM SPRINGS DRIVE SUITE 116 ALTAMONTE SPRINGS, FL 32701		
2. Principal Place of Business <b>150 N WESTMONTE DR</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>150 N WESTMONTE DR</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>ALTAMONTE SPRINGS FL</b> <small>Zip</small> <b>32714</b> <small>Country</small> <b>SEMINOLE</b>		City & State <b>ALTAMONTE SPRINGS FL</b> <small>Zip</small> <b>32714</b> <small>Country</small> <b>SEMINOLE</b>		4. FEI Number <b>20-2228501</b> <span style="float: right;">Applied For <input type="checkbox"/> Not Applicable</span>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required				01132006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent  MAY, CHARLES M 631 PALM SPRINGS DRIVE SUITE 116 ALTAMONTE SPRINGS, FL 32701			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>150 N WESTMONTE DR</b> City <b>ALTAMONTE SPRINGS FL</b> Zip Code <b>32714</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		<b>5250-001</b>		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MAY, CHARLES 150 N WESTMONTE DR <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES CHARLES MAY 150 N WESTMONTE DR ALTAMONTE SPRINGS FL 32714 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPRES PRATI <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPRES RONALD PRATI 150 N WESTMONTE DR ALTAMONTE SPRINGS FL 32714 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC/TREAS VAN DIJK <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC/TRES FRANS VAN DIJK 150 N WESTMONTE DR ALTAMONTE SPRINGS FL 32714 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<div style="display: flex; justify-content: space-between;"> <div>   <b>JAN 17 2006</b>            BY: <b>1471</b> </div> <div>   <b>1/17/06</b> </div> </div>					
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____				<b>407-767-0453</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	

ATTACHMENT

30008681

# L05000008565

Della Allen

**From:** corphelp [corphelp@dos.state.fl.us]  
**Sent:** Monday, May 15, 2006 1:41 PM  
**To:** Della Allen  
**Subject:** RE: 2006 Limited Liability Co Annual Report

Pasted below is a copy of a letter we sent you earlier this year, concerning your 2006 LLC Annual Report.

Lee Rivers  
Internet Access  
Division of Corporations

February 3, 2006

FLORIDA RADIOLOGY MANAGEMENT, LLC  
150 N. WESTMONTE DR  
ALTAMONTE SPRINGS, FL 32714

SUBJECT: FLORIDA RADIOLOGY MANAGEMENT, LLC  
Ref. Number: L05000008565

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800)829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

REGISTRATION SECTION

Letter number: 806A00008717

/vrm

Division of Corporations - P.O. BOX 6478 -Tallahassee, Florida  
32314

-----Original Message-----

**From:** Della Allen [mailto:dallen@floridaradiology.com]  
**Sent:** Monday, May 15, 2006 10:15 AM  
**To:** corphelp  
**Cc:** Martha Harriman  
**Subject:** 2006 Limited Liability Co Annual Report

<http://www.sunbiz.org/scripts/cordet.exe?al=DETFIL&n1=L05000008565&n2=NA>  
Your online records do not reflect our filing and payment of our 2006 LLC Annual Report.

# ATTACHMENT

~~30008681~~  
~~# L05000008565~~

- Please advise us of how we should proceed with updating your records.  
Florida Radiology Management, LLC  
Document #L05000008565  
Paid on 1/17/06  
CK 1471

Thank you  
Della Allen  
Acctg.