

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000008565

FILED
Mar 24, 2009
Secretary of State

Entity Name: FLORIDA RADIOLOGY MANAGEMENT, LLC

Current Principal Place of Business:

150 NORTH WESTMONTE DR
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

909 RED FOX ROAD
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

150 NORTH WESTMONTE DR
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

P. O. BOX 150505
ALTAMONTE SPRINGS, FL 32715

FEI Number: 20-2228501

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAY, CHARLES M
150 NORTH WESTMONTE DR
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

MAY, CHARLES M
909 RED FOX ROAD
ALTAMONTE SPRINGS, FL 32714 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:

03/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: MAY, CHARLES
Address: 150 N. WESTMONTE DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP () Delete
Name: FERNANDEZ, FRANCIS JR MD
Address: 150 NORTH WESTMONTE DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: ST () Delete
Name: VANDIJK, FRANS
Address: 150 N. WESTMONTE DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: V () Delete
Name: MORRIS, LEN W MD
Address: 150 N. WESTMONTE DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: MAY, CHARLES
Address: 909 RED FOX ROAD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP (X) Change () Addition
Name: FERNANDEZ, FRANCIS JR MD
Address: 1713 BRIDGEWATER DRIVE
City-St-Zip: HEATHROW, FL 32746

Title: ST (X) Change () Addition
Name: VANDIJK, FRANS
Address: 1965 BRIDGEWATER DRIVE
City-St-Zip: LAKE MARY, FL 32746

Title: V (X) Change () Addition
Name: MORRIS, LEN W MD
Address: 1403 DOLIVE DRIVE
City-St-Zip: ORLANDO, FL 32803

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: CHARLES M. MAY

P

03/24/2009

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