

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000008565

FILED
May 01, 2010
Secretary of State

Entity Name: FLORIDA RADIOLOGY MANAGEMENT, LLC

Current Principal Place of Business:

909 RED FOX ROAD
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 150505
ALTAMONTE SPRINGS, FL 32715

New Mailing Address:

FEI Number: 20-2228501 **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:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

Title: ST
Name: VANDIJK, FRANS
Address: 1965 BRIDGEWATER DRIVE
City-St-Zip: LAKE MARY, FL 32746

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

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: CHARLES M. MAY

P

05/01/2010

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