

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000078415

FILED
Apr 20, 2006
Secretary of State

Entity Name: PALM BEACH RADIOLOGY INSTITUTE, LLC

Current Principal Place of Business:

C/O DAVID E. BOWERS, ESQ.
505 SOUTH FLAGLER DRIVE, SUITE 1100
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

C/O DAVID E. BOWERS, ESQ.
505 SOUTH FLAGLER DRIVE, SUITE 1100
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

JONES FOSTER SERVICE, LLC
505 SOUTH FLAGLER DRIVE, SUITE 1100
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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: SAPER, STEVE
Address: 1500 NO. DIXIE HIGHWAY, SUITE 306
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby certify that the information supplied with this filing does not qualify for the 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: STEVE SAPER

MGR

04/20/2006

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