


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2008 08:00 A
Secretary of State

DOCUMENT # L05000091385 1. Entity Name SOUTHEAST RADIOLOGY ASSOCIATES, P.L.	
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Principal Place of Business 1600 PHILLIPS ROAD TALLAHASSEE, FL 32308	Mailing Address 1600 PHILLIPS ROAD TALLAHASSEE, FL 32308
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DO NOT WRITE IN THIS SPACE



01102008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3473573	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MILLER, TRAVIS 301 SOUTH BRONOUGH STREET, SUITE 200 TALLAHASSEE, FL 32301
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**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000901235
04/29/08-80057-023 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RADIOLOGY ASSOCIATES OF TALLAHASSEE, P.A. 1600 PHILLIPS ROAD TALLAHASSEE, FL 32308
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IN THIS SPACE**

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/10/08 850-316-3650

Date

Daytime Phone #