

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000119040

1. Entity Name
DOCTORS RADIOLOGY STAFFING COMPANY, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Need to file
FEI # PC 5/18/06

Principal Place of Business
6716 N.W. 11TH PLACE
GAINESVILLE, FL 32605

Mailing Address
6716 N.W. 11TH PLACE
GAINESVILLE, FL 32605

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip



63042006 Chg-LLC CR2E083 (11/05)

4. FEI Number
203972852

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
AUSTIN, BOVAY & GILLMAN, P.A.
901 N.W. 57TH STREET
GAINESVILLE, FL 32605

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 September 6, 2006

Make check payable to
Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM WARE, DAN M.D. 901 N.W. 57TH STREET GAINESVILLE, FL 32605 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 05/11/06 90017 032 \$50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: _____ Date: 5/1/06 Daytime Phone: _____

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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