

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90355 001 ****50.00

DOCUMENT # L05000119040

1. Entity Name
DOCTORS RADIOLOGY STAFFING COMPANY, LLC



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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04062007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

20-3972852

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AUSTIN, BOVAY & GILLMAN, P.A.
901 N.W. 57TH STREET
GAINESVILLE, FL 32605**

Name **James Vogler**

Street Address (P.O. Box Number is Not Acceptable)

6716 NW 11th Place

City **Gainesville**

FL

Zip Code **32605**

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 **James B. Vogler MD**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

4/10/07

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**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**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
James Vogler
6716 NW 11th Place
GAINESVILLE FL 32605**

☐ Change ☒ Addition

TITLE
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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: **James B. Vogler MD**

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

4/10/07

Date

Daytime Phone #