2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007
Secretary of State

DOCUMENT# L06000001425

Entity Name: PALM BEACH RADIOLOGY ASSOCIATES, LLC

Current Principal Place of Business:

1500 N. DIXIE HWY., SUITE 306
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

1500 N. DIXIE HWY., SUITE 306
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

JONES FOSTER SERVICE, LLC
505 S. FLAGLER DR., 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:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: GOODWIN, DONALD M.D
Address: 1500 N. DIXIE HWY, SUITE 306
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGRM ( ) Change (X) Addition
Name: KAMHOLTZ, ROBERT M.D
Address: 1500 N. DIXIE HWY, SUITE 306
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGRM ( ) Change (X) Addition
Name: FORMAN, WALTER M.D.
Address: 1500 N. DIXIE HWY, SUITE 306
City-St-Zip: WEST PALM BEACH, FL 33401

Title: M ( ) Change (X) Addition
Name: COOPER, RONALD M.D.
Address: 1500 N. DIXIE HWY, SUITE 306
City-St-Zip: WEST PALM BEACH, FL 33401

Title: M ( ) Change (X) Addition
Name: GONWA, MARK M.D.
Address: 1500 N. DIXIE HWY, SUITE 306
City-St-Zip: WEST PALM BEACH, FL 33401

Title: M ( ) Change (X) Addition
Name: KILLIAN, ROBERT M.D.
Address: 1500 N. DIXIE HWY, 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 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: DONALD GOODWIN, M.D. MGRM 05/02/2007

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