

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000001425

FILED
Feb 29, 2008
Secretary of State

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:

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

Current Mailing Address:

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

New Mailing Address:

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

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

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

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

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

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

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

Title: M () Delete
Name: KILLIAN, ROBERT M.D.
Address: 1500 N. DIXIE HWY, SUITE 306
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GOODWIN, DONALD M.D.
Address: 733 US HIGHWAY 1
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: MGRM (X) Change () Addition
Name: KAMHOLTZ, ROBERT M.D.
Address: 733 US HIGHWAY 1
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: MGRM (X) Change () Addition
Name: FORMAN, WALTER M.D.
Address: 733 US HIGHWAY 1
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: M (X) Change () Addition
Name: COOPER, RONALD M.D.
Address: 733 US HIGHWAY 1
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: M (X) Change () Addition
Name: GONWA, MARK M.D.
Address: 733 US HIGHWAY 1
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: M (X) Change () Addition
Name: KILLIAN, ROBERT M.D.
Address: 733 US HIGHWAY 1
City-St-Zip: NORTH PALM BEACH, FL 33408

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: WALTER FORMAN, M.D.

MGR

02/29/2008

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