2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2009
Secretary of State

DOCUMENT# L06000001425

Entity Name: PALM BEACH RADIOLOGY ASSOCIATES, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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:	733 US HIGHWAY 1	
City-St-Zip:	NORTH PALM BEACH, FL 33408	
Title:	MGRM	( ) Delete
Name:	KAMHOLTZ, ROBERT M.D	
Address:	733 US HIGHWAY 1	
City-St-Zip:	NORTH PALM BEACH, FL 33408	
Title:	MGRM	( ) Delete
Name:	FORMAN, WALTER M.D.	
Address:	733 US HIGHWAY 1	
City-St-Zip:	NORTH PALM BEACH, FL 33408	
Title:	M	(X) Delete
Name:	COOPER, RONALD M.D.	
Address:	733 US HIGHWAY 1	
City-St-Zip:	NORTH PALM BEACH, FL 33408	
Title:	M	(X) Delete
Name:	GONWA, MARK M.D.	
Address:	733 US HIGHWAY 1	
City-St-Zip:	NORTH PALM BEACH, FL 33408	
Title:	M	(X) Delete
Name:	KILLIAN, ROBERT M.D.	
Address:	733 US HIGHWAY 1	
City-St-Zip:	NORTH PALM BEACH, FL 33408	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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. MGRM 02/09/2009

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