2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2010
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:

JONES FOSTER SERVICE, LLC
505 SOUTH FLAGLER DRIVE, SUITE 1100
WEST PALM BEACH, FL 33401 US

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: 02/18/2010
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

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

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

I hereby 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 Statues.

SIGNATURE: WALTER FORMAN, M.D. MGRM 02/18/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date