

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

03-23-2007 90172 039 ****50.00

DOCUMENT # L06000006404

1. Entity Name

MEDICAL & RADIOLOGY SERVICES, LLC



Principal Place of Business

**7249 NW 54TH STREET
MIAMI FL 33166**

Mailing Address

**7249 NW 54TH STREET
MIAMI FL 33166**

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

PO BOX 668345

Suite, Apt. #, etc.

Miami, Florida

City & State

**Zip
33166**

**Country
USA**

1st MOORE

CR2E083 (10/06)

4. FEI Number

20-4329267

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOCHSZTEIN, FRED
1930 HARRISON STREET, SUITE 503
HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent

Name

Isabella Jordan Health, LLC.

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

7249 NW 54th St

Miami, FL 33166

City

Miami

FL

Zip Code

33166

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

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

(NOTE: Registered Agent signature required when reinstating)

3/14/07

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete
MGRM PROMESERV, INC.
STREET ADDRESS **1930 HARRISON STREET, SUITE 503**
CITY-STATE-ZIP **HOLLYWOOD FL 33020**

TITLE NAME ☐ Delete
MGRM MEDICAL AND RADIOLOGY SERVICES, INC.
STREET ADDRESS **1930 HARRISON STREET, SUITE 503**
CITY-STATE-ZIP **HOLLYWOOD FL 33020**

TITLE NAME ☐ Delete
MGRM ISABELLA JORDAN HEALTH, LLC
STREET ADDRESS **1930 HARRISON STREET, SUITE 503**
CITY-STATE-ZIP **HOLLYWOOD FL 33020**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition
MGRM PROMESERV, INC.
STREET ADDRESS **7249 NW 54th St**
CITY-STATE-ZIP **Miami, FL 33166**

TITLE NAME ☒ Change ☐ Addition
MGRM Medical and Radiology services, Inc.
STREET ADDRESS **7249 NW 54th St**
CITY-STATE-ZIP **Miami, FL 33166**

TITLE NAME ☒ Change ☐ Addition
MGRM Isabella Jordan Health, LLC.
STREET ADDRESS **7249 NW 54th St**
CITY-STATE-ZIP **Miami, FL 33166**

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

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

3/14/07

Date

305-805-9550

Daytime Phone #