2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2007
Secretary of State

DOCUMENT# L06000041768

Entity Name: MIAMI ORAL RADIOLOGY, LLC

Current Principal Place of Business:

5201 OAK LANE
CORAL GABLES, FL 33156

New Principal Place of Business:

Current Mailing Address:

5201 OAK LANE
CORAL GABLES, FL 33156

New Mailing Address:

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

SCLAR, ANTHONY
5201 OAK LANE
CORAL GABLES, FL 33156 US

Name and Address of New Registered Agent:

SCLAR, ANTHONY G DMD
5201 OAK LANE
CORAL GABLES, FL 33156 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: ANTHONY SCLAR 05/07/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: DR. ( ) Change (X) Addition
Name: ANTHONY, SCLAR G DMD
Address: 5201 OAK LANE
City-St-Zip: CORAL GABLES, FL 33156 US

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: ANTHONY SCLAR DR. 05/07/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date