

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000115120

Entity Name: PRR RADIOLOGY, LLC

FILED  
Feb 20, 2008  
Secretary of State

**Current Principal Place of Business:**

460 SABAL WAY  
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

460 SABAL WAY  
WESTON, FL 33326

**New Mailing Address:**

FEI Number: 20-5976471

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REITMAN, LAURENCE MD  
460 SABAL WAY  
WESTON, FL 33326 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: MGR ( ) Delete  
Name: RISENSWEIG, ROBERT MD  
Address: 13056 LA MIRADA CIRCLE  
City-St-Zip: WELLINGTON, FL 33414

Title: MGR ( ) Delete  
Name: REITMAN, LAURENCE MD  
Address: 460 SABAL WAY  
City-St-Zip: WESTON, FL 33326

Title: MGR ( ) Delete  
Name: PULLER, DONALD MD  
Address: 12725 NE 18TH COURT  
City-St-Zip: CORAL SPRINGS, FL 33071

**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:

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: LAURENCE REITMAN

MGR

02/20/2008

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