

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000115131

Entity Name: TAMARAC RADIOLOGY, LLC

FILED
Apr 03, 2007
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: ROSENSWEIG, 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 NW 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 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, MD

MGR

04/03/2007

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