

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000115131

**Entity Name:** TAMARAC RADIOLOGY, LLC

**FILED**  
**Jan 18, 2010**  
**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  
Name: ROSENSWEIG, ROBERT MD  
Address: 13686 WINDY MONTEREY TRAIL  
City-St-Zip: DELRAY BEACH, FL 33446

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

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

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 Statutes.

SIGNATURE: LAURENCE REITMAN

MGR

01/18/2010

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