2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000029506

Entity Name: RADIOLOGY ASSOCIATES OF SOUTH MIAMI, PLLC

FILED Jan 13, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

12101 PINE NEEDLE LANE
PINECREST, FL 33156

1545 SAN REMO AVE
CORAL GABLES, FL 33146

Current Mailing Address: New Mailing Address:

12101 PINE NEEDLE LANE
PINECREST, FL 33156

1545 SAN REMO AVE
CORAL GABLES, FL 33146

FEI Number: 20-8670397 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MESA, ANAMARY QUIROS M.D. 12101 PINE NEEDLE LANE PINECREST, 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR ()Delete Title: ()Change ()Addition

 Name:
 MESA, ANAMARY QUIROS MD
 Name:

 Address:
 12101 PINE NEEDLE LANE
 Address:

 City-St-Zip:
 PINECREST, FL 33156
 City-St-Zip:

Title: MGR () Delete Title: MGR (X) Change () Addition Name: FLORES, ELSY CORBOT MD Name: FLORES, ELSY CORBOT MD Address: 12101 PINE NEEDLE LANE Address: 6401 S. MITCHELL MANOR CIRC City-St-Zip: PINECREST, FL 33156 City-St-Zip: PINECREST, FL 33156

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: ANAMARY QUIROS MESA MGR 01/13/2009