

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90121 029 ***138.75

DOCUMENT # L07000073734					
1. Entity Name EVERRAD, LLC					
Principal Place of Business 2400 HARBOR BLVD., SUITE 7 PORT CHARLOTTE, FL 33952			Mailing Address 2400 HARBOR BLVD., SUITE 7 PORT CHARLOTTE, FL 33952		
2. Principal Place of Business - No P.O. Box # 250 College Ave		3. Mailing Address PO Box 4784			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Lancaster PA		City & State Lancaster PA		4. FEI Number 26-0559257	
Zip 17603		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Paul A. Roman</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 4/21/2008	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RIGHI, ALBERTO M.D. 2400 HARBOR BLVD., SUITE 7 PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TUFARIELLO, DANIEL M.D. 2400 HARBOR BLVD., SUITE 7 PORT CHARLOTTE, FL 33952	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DUGGAL, ANOOP 2400 HARBOR BLVD., SUITE 7 PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SPRINGER, ROBERT 2400 HARBOR BLVD., SUITE 7 PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PARRY, TIMOTHY R 2400 HARBOR BLVD., SUITE 7 PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LAWSON, PETER M 2400 HARBOR BLVD., SUITE 7 PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <i>Paul A. Roman</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		
DATE 4/21/2008			Daytime Phone # 717-735-7028		