2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2009
Secretary of State

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Entity Name: EVERRAD, LLC

Current Principal Place of Business:

2400 HARBOR BLVD., SUITE 7
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

2400 HARBOR BLVD., SUITE 7
PORT CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: 26-0559257 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGRM (X) Delete
Name: RIGHI, ALBERTO M.D.
Address: 2400 HARBOR BLVD., SUITE 7
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: MGRM ( ) Delete
Name: DUGGAL, ANOOP
Address: 2400 HARBOR BLVD., SUITE 7
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: MGRM ( ) Delete
Name: SPRINGER, ROBERT
Address: 2400 HARBOR BLVD., SUITE 7
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: MGRM ( ) Delete
Name: PARRY, TIMOTHY R
Address: 2400 HARBOR BLVD., SUITE 7
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: MGRM ( ) Delete
Name: LAWSON, PETER M
Address: 2400 HARBOR BLVD., SUITE 7
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: SHAH, KARTIK MD
Address: 2400 HARBOR BLVD., SUITE 7
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: MGRM (X) Change ( ) Addition
Name: SPRINGER, ROBERT MD
Address: 2400 HARBOR BLVD., SUITE 7
City-St-Zip: PORT CHARLOTTE, FL 33952

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: ROBERT M SPRINGER PRES 03/16/2009

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