

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000077164

Entity Name: DRP RADIOLOGY LLC

FILED
Jul 28, 2008
Secretary of State

Current Principal Place of Business:

1941 KENTUCKY AVE NE
ST PETERSBURG, FL 33703 US

New Principal Place of Business:

3435 BAYSHORE BLVD NE
ST PETERSBURG, FL 33703 US

Current Mailing Address:

1941 KENTUCKY AVE NE
ST PETERSBURG, FL 33703 US

New Mailing Address:

3435 BAYSHORE BLVD NE
ST PETERSBURG, FL 33703 US

FEI Number: 30-0432734 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

POTTHAST, JOSEPH K
1941 KENTUCKY AVE NE
SAINT PETERSBURG, FL 33703 US

Name and Address of New Registered Agent:

POTTHAST, JOSEPH K
3435 BAYSHORE BLVD NE
SAINT PETERSBURG, FL 33703 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: JOSEPH K POTTHAST MD

07/28/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: POTTHAST, JOSEPH K
Address: 1941 KENTUCKY AVE NE
City-St-Zip: SAINT PETERSBURG, FL 33703

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: POTTHAST, JOSEPH K
Address: 3435 BAYSHORE BLVD NE
City-St-Zip: SAINT PETERSBURG, FL 33703

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: JOSEPH K POTTHAST MD

DR.

07/28/2008

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