

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000088422

FILED
Mar 11, 2008
Secretary of State

Entity Name: BOCA RADIOLOGY ACCREDITATION SPECIALISTS, LLC

Current Principal Place of Business:

951 NW 13TH STREET
SUITE 1C
BOCA RATON, FL 33486 FL

New Principal Place of Business:

Current Mailing Address:

951 NW 13TH STREET
SUITE 1C
BOCA RATON, FL 33486 FL

New Mailing Address:

FEI Number: 26-0799185 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KLEINMAN, JOSEPH H
951 NW 13TH STREET
SUITE 1C
BOCA RATON, FL 33486 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 () Delete
Name: KLEINMAN, JOSEPH H
Address: 951 NW 13TH STREET, SUITE 1C
City-St-Zip: BOCA RATON, FL 33486 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
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Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MRG () Change (X) Addition
Name: JIMENEZ, CARLOS M.D.
Address: 951 NW. 13 STREET SUITE 1C
City-St-Zip: BOCA RATON, FL 33486

Title: MRG () Change (X) Addition
Name: POLLOCK, EDWARD J M.D.
Address: 951 N.W. 13 STREET SUITE 1C
City-St-Zip: BOCA RATON, FL 33486

Title: MRG () Change (X) Addition
Name: SCHILLING, KATHY J M.D.
Address: 951 NW 13 STREET SUITE 1C
City-St-Zip: BOCA RATON, FL 33486

Title: MRG () Change (X) Addition
Name: NEEDELL, STEVEN M.D.
Address: 951 NW 13 STREET, SUITE 1C
City-St-Zip: BOCA RATON, FL 33486

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 H.KLEINMAN, M.D.

MGRM

03/11/2008

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