2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# L07000088422

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:	MRG	( ) Delete
Name:	JIMENEZ, CARLOS M.D.	
Address:	951 NW. 13 STREET SUITE 1C	
City-St-Zip:	BOCA RATON, FL 33486	
Title:	MRG	( ) Delete
Name:	POLLOCK, EDWARD J M.D.	
Address:	951 N.W. 13 STREET SUITE 1C	
City-St-Zip:	BOCA RATON, FL 33486	
Title:	MRG	( ) Delete
Name:	SCHILLING, KATHY J M.D.	
Address:	951 NW 13 STREET SUITE 1C	
City-St-Zip:	BOCA RATON, FL 33486	
Title:	MRG	( ) Delete
Name:	NEEDELL, STEVEN M.D.	
Address:	951 NW 13 STREET, SUITE 1C	
City-St-Zip:	BOCA RATON, FL 33486	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: JOSEPH H. KLEINMAN MD 01/22/2009

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