

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000089254

FILED  
Mar 19, 2008  
Secretary of State

**Entity Name:** CUSTOM RADIOLOGY SOLUTIONS, LLC

**Current Principal Place of Business:**

845 S TOWN AND RIVER DR  
FT MYERS, FL 33919

**New Principal Place of Business:**

13731 METROPOLIS AVE  
FT MYERS, FL 33912

**Current Mailing Address:**

845 S TOWN AND RIVER DR  
FT MYERS, FL 33919

**New Mailing Address:**

**FEI Number:** 26-0820623

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KYLE, KEVIN A  
1380 ROYAL PALM SQUARE BLVD  
FT MYERS, FL 33919 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: MGR ( ) Delete  
Name: SHAH, SAURIN J  
Address: 845 S TOWN AND RIVER DR  
City-St-Zip: FT MYERS, FL 33919

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

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SHAH, SAURIN J  
Address: 845 S TOWN AND RIVER DR  
City-St-Zip: FT MYERS, FL 33919

Title: MGRM ( ) Change (X) Addition  
Name: MARGOLIN, CHAIM J  
Address: 14631 SAFE LANDING CT  
City-St-Zip: FORT MYERS, FL 33908

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: SAURIN SHAH

MGRM

03/19/2008

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