

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000116456

FILED
May 13, 2008
Secretary of State

Entity Name: NORTH BEACH RADIOLOGY ASSOCIATES, LLC

Current Principal Place of Business:

JACKSON NORTH MEDICAL CENTER
160 NW 170TH STREET, DEPT. OF RADIOLOGY
N. MIAMI BEACH, FL 33169 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 530675
MIAMI, FL 33153 US

New Mailing Address:

FEI Number: 26-1489749 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

Name and Address of New Registered Agent:

COHEN, HENRY C
COHEN & GRIGSBY
27200 RIVERVIEW CTR. BLVD., SUITE 309
BONITA SPRINGS, FL 34134 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GROPPER, ADAM
Address: P.O. BOX 530675
City-St-Zip: MIAMI, FL 33153

ADDITIONS/CHANGES:

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: ADAM S GROPPER

MGRM

05/13/2008

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