

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000116456

**FILED**  
**Mar 25, 2011**  
**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 ( )**

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

GROPPER, ADAM S MD  
160 NW 170TH ST  
DEPARTMENT OF RADIOLOGY  
N. MIAMI, FL 33169 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  
**Name:** GROPPER, ADAM  
**Address:** P.O. BOX 530675  
**City-St-Zip:** MIAMI, FL 33153

I hereby 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, MD

MGRM

03/25/2011

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