

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000077758

Entity Name: RADIOLOGY XCETERA, LLC

FILED
Jan 30, 2009
Secretary of State

Current Principal Place of Business:

348 CLOVERDALE RD.
WINTER HAVEN, FL 33884 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 145
WINTER HAVEN, FL 33882 US

New Mailing Address:

FEI Number: 26-3171027

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLOOM, DEVON W
348 CLOVERDALE RD.
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

TURNER, MARK G
255 MAGNOLIA AVENUE, SOUTHWEST
WINTER HAVEN, FL 33880 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: MARK G. TURNER

01/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BLOOM, CYNDI
Address: 348 CLOVERDALE RD.
City-St-Zip: WINTER HAVEN, FL 33884 US

Title: MGRM () Delete
Name: BLOOM, DEVON
Address: P.O. BOX 145
City-St-Zip: WINTER HAVEN, FL 33882 US

Title: MGRM () Delete
Name: GREGOIRE, LEE
Address: 59 ISLAND RD.
City-St-Zip: CANDIA, NH 33884 US

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BLOOM, DEVON W
Address: P.O. BOX 145
City-St-Zip: WINTER HAVEN, FL 33882 US

Title: MGRM (X) Change () Addition
Name: BLOOM, DAVID
Address: P.O. BOX 145
City-St-Zip: WINTER HAVEN, FL 33882 US

Title: MGRM (X) Change () Addition
Name: GREGOIRE, LEE
Address: 59 ISLAND RD.
City-St-Zip: CANDIA, NH 03034 US

Title: MGRM () Change (X) Addition
Name: BOULEY, NORM
Address: P.O. BOX 145
City-St-Zip: WINTER HAVEN, FL 33882 US

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: DEVON W. BLOOM

MGRM

01/30/2009

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