

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000085607

FILED
Mar 10, 2009
Secretary of State

Entity Name: BAY RADIOLOGY WOMEN'S IMAGING CENTER, LLC

Current Principal Place of Business:

527 NORTH PALO ALTO
PANAMA CITY, FL 32401

New Principal Place of Business:

330 W. 23RD STREET
PANAMA CITY, FL 32405

Current Mailing Address:

527 NORTH PALO ALTO
PANAMA CITY, FL 32401

New Mailing Address:

P.O. BOX 1770
PANAMA CITY, FL 32402

FEI Number: 26-3339911

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMEY, SCOTT L
527 NORTH PALO ALTO
PANAMA CITY, FL 32401 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: RAMEY, SCOTT L
Address: 527 NORTH PALO ALTO
City-St-Zip: PANAMA CITY, FL 32401

Title: MGRM () Delete
Name: BAILEY, C. GLENN JR.
Address: 527 NORTH PALO ALTO
City-St-Zip: PANAMA CITY, FL 32401

Title: MGRM () Delete
Name: STROHMENGER, JAMES
Address: 527 NORTH PALO ALTO
City-St-Zip: PANAMA CITY, FL 32401

Title: MGRM () Delete
Name: CAMPBELL, SCOTT
Address: 527 NORTH PALO ALTO
City-St-Zip: PANAMA CITY, FL 32401

Title: MGRM () Delete
Name: PRESSER, GREGORY A
Address: 527 NORTH PALO ALTO
City-St-Zip: PANAMA CITY, FL 32401

Title: MGRM () Delete
Name: LOGUE, LLOYD
Address: 527 NORTH PALO ALTO
City-St-Zip: PANAMA CITY, FL 32401

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: KRIEGEL, WENDY W
Address: 527 NORTH PALO ALTO
City-St-Zip: PANAMA CITY, FL 32401

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: SCOTT L. RAMEY

MGRM

03/10/2009

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