

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000097413

FILED
Apr 27, 2009
Secretary of State

Entity Name: CORAL RIDGE IMAGING ASSOCIATES, LLC

Current Principal Place of Business:

5301 N. DIXIE HIGHWAY
OAKLAND PARK, FL 33334

New Principal Place of Business:

5301 N. DIXIE HIGHWAY
SUITE 101
OAKLAND PARK, FL 33334

Current Mailing Address:

5301 N. DIXIE HIGHWAY
OAKLAND PARK, FL 33334

New Mailing Address:

5301 N. DIXIE HIGHWAY
SUITE 101
OAKLAND PARK, FL 33334

FEI Number: 26-3547562

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENKHAUS, DAVID J
1900 GLADES ROAD
SUITE 401
BOCA RATON, FL 33431 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: WATSON, JOHN MD
Address: 2500 E. COMMERCIAL BLVD. SUITE C
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: MGRM () Delete
Name: BOTOMAN, V. ALIN
Address: 2021 E. COMMERCIAL BLVD. SUITE 202
City-St-Zip: FT. LAUDERDALE, FL 33308

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WATSON, JOHN MD
Address: 5301 N. DIXIE HIGHWAY, SUITE B
City-St-Zip: FT. LAUDERDALE, FL 33334

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: JOHN WATSON, M.D.

MGRM

04/27/2009

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