

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

REC'D FEB 18 1999

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 JUN -4 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$188.75 **Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L98000000114
MMM RADIOLOGY, L.C.
7900 GLADES ROAD, SUITE 400
BOCA RATON FL 33434

1a. Principal Place of Business Address
7900 GLADES ROAD, SUITE 400
BOCA RATON FL 33434

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

3. Date Organized or Qualified
01/27/1998

3a. State of Formation
FL

4. FEI Number
65-0823787
 Applied For
 Not Applicable

5. Date of Last Report
N/A

6. Certificate of Status Desired
\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
MCGEE, ALLEN D
7900 GLADES ROAD, SUITE 400
BOCA RATON FL 33434
HENRY B. HANDLER, WEISS & HANDLER PA
2255 GLADES RD STE 218 B
BOCA RATON FL 33431

8. Name and Address of New Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City Zip Code
FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent and accept the obligations.

SIGNATURE *[Signature]* DATE 6/1/99
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	MCGEE, ALLEN D	7900 GLADES ROAD, SUITE 400	BOCA RATON FL 500002902915--9 -06/14/99--01008--013 ****188.75 ****188.75 JUN - 7 1999

11 I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *[Signature]* Allen D McGee 4/28/99 561-477-3500
SIGNATURE AND TYPED OFFICE OR HOME NAME OF SIGNER (MANAGING MEMBER OR MANAGER) Date Display Phone #