

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000002710

Entity Name: ALR IMAGING, PLLC

FILED  
Jan 21, 2004  
Secretary of State

## Current Principal Place of Business:

3301 ALUMNI DRIVE  
TAMPA, FL 33612

## New Principal Place of Business:

## Current Mailing Address:

3301 ALUMNI DRIVE  
TAMPA, FL 33612

## New Mailing Address:

FEI Number: 59-3570040

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BEYER, DAVID A  
RUDNICK & WOLFE  
101 E. KENNEDY BLVD., SUITE 2000  
TAMPA, FL 33602 US

## Name and Address of New Registered Agent:

BEYER, DAVID A  
PIPER RUDNICK  
101 E. KENNEDY BLVD., SUITE 2000  
TAMPA, FL 33602 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:

01/21/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: ARRINGTON, JOHN A M.D.  
Address: 3301 ALUMNI DRIVE  
City-St-Zip: TAMPA, FL 33612

Title: MGRM ( ) Delete  
Name: SILBINGER, MARTIN L M.D.  
Address: 3301 ALUMNI DRIVE  
City-St-Zip: TAMPA, FL 33612

Title: MGRM ( ) Delete  
Name: MURTAGH, F. REED M.D.  
Address: 3301 ALUMNI DRIVE  
City-St-Zip: TAMPA, FL 33612

Title: MGRM ( ) Delete  
Name: STALLWORTH, DEXLER G MD  
Address: 3301 ALUMNI DR  
City-St-Zip: TAMPA, FL 33612

Title: MGRM ( ) Delete  
Name: STANLEY, GEORGE MD  
Address: 3301 ALUMNI DR  
City-St-Zip: TAMPA, FL 33612

## ADDITIONS/CHANGES:

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

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

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 for the exemption stated in Section 119.07(3)(i), 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 ARRINGTON

MGR

01/21/2004

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