


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90373 011 ****50.00

DOCUMENT # L99000001868 1. Entity Name ORMOND RADIOLOGY PARTNERSHIP, LLC					
Principal Place of Business 483 S. NOVA RD. ORMOND BEACH, FL 32174			Mailing Address 483 S. NOVA RD. ORMOND BEACH, FL 32174		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2940987	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MONSOUR, FREDERICK J 486 S NOVA ROAD ORMOND BEACH, FL 32174			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MONSOUR, FREDERICK J MD 483 S. NOVA RD. ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DANA, FRANKLIN MD 483 SOUTH NOVA ROAD ORMOND BEACH FL 32174	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEB, ROBERT B MD 483 S. NOVA RD. ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SINGIREDDY, SUKHENDER MD 483 SOUTH NOVA ROAD ORMOND BEACH FL 32174	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEAVER, JAMES J MD 483 S. NOVA RD. ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ZOSHAK, JOHN J DO 483 SOUTH NOVA ROAD ORMOND BEACH FL 32174	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARBONELL, O.F., MD 483 S. NOVA RD. ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAMCHANDER, NEVILLE MD 483 S. NOVA RD. ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PINEIRO, SERGIO DO 483 S NOVA RD ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I 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 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.					
SIGNATURE: <u>Neville Ramchander</u>			4/18/05 386-673-8040		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

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