

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000001868

FILED
Apr 28, 2006
Secretary of State

Entity Name: ORMOND RADIOLOGY PARTNERSHIP, LLC

Current Principal Place of Business:

483 S. NOVA RD.
ORMOND BEACH, FL 32174

New Principal Place of Business:

500 MEMORIAL CIRCLE
SUITE B
ORMOND BEACH, FL 32174

Current Mailing Address:

483 S. NOVA RD.
ORMOND BEACH, FL 32174

New Mailing Address:

500 MEMORIAL CIRCLE
SUITE B
ORMOND BEACH, FL 32174

FEI Number: 59-2940987

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MONSOUR, FREDERICK J
486 S NOVA ROAD
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

MONSOUR, FREDERICK J
500 MEMORIAL CIRCLE
SUITE B
ORMOND BEACH, FL 32174 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:

04/28/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MONSOUR, FREDERICK J MD
Address: 483 S. NOVA RD.
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM () Delete
Name: LEB, ROBERT B MD
Address: 483 S. NOVA RD.
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM () Delete
Name: WEAVER, JAMES J MD
Address: 483 S. NOVA RD.
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM () Delete
Name: CARBONELL, O.F., MD
Address: 483 S. NOVA RD.
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM () Delete
Name: RAMCHANDER, NEVILLE MD
Address: 483 S. NOVA RD.
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM () Delete
Name: PINEIRO, SERGIO DO
Address: 483 S NOVA RD
City-St-Zip: ORMOND BEACH, FL 32174

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
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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 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: FREDERICK J MONSOUR

MGRM

04/28/2006

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