

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90079 029 ****50.00

DOCUMENT # L99000001868					
1. Entity Name ORMOND RADIOLOGY PARTNERSHIP, LLC					
Principal Place of Business 500 MEMORIAL CIRCLE SUITE B ORMOND BEACH, FL 32174			Mailing Address 500 MEMORIAL CIRCLE SUITE B ORMOND BEACH, FL 32174		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2940987	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MONSOUR, FREDERICK J 500 MEMORIAL CIRCLE SUITE B 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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: center;"> 3/15/07 <small>DATE</small> </div> </div>					
Filing Fee is \$50.00 Due by May 1, 2007			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 LEB, ROBERT B MD 483 S. NOVA RD. ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete			
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 CARBONELL, O.F., MD 483 S. NOVA RD. ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Delete			
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	MGRM PINEIRO, SERGIO DO 483 S NOVA RD ORMOND BEACH, FL 32174	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 500 MEMORIAL CIRCLE, SUITE B				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 500 MEMORIAL CIRCLE, SUITE B				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 500 MEMORIAL CIRCLE, SUITE B				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 500 MEMORIAL CIRCLE, SUITE B				
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 3/15/07 386-673-8040					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

ATTACHMENT 60034472
2007 LIMITED LIABILITY COMPANY ANNUAL REPORT
DOCUMENT #L99000001868
ORMOND RADIOLOGY PARTNERSHIP, LLC

ADDITIONAL INFORMATION FOR BLOCK 10 – ADDITIONS/CHANGES

10. MGRM

DANA, FRANKLIN M.D.
500 MEMORIAL CIRCLE – SUITE B
ORMOND BEACH, FL 32174

MGRM
GOLLA, BHASKAR M.D.
500 MEMORIAL CIRCLE – SUITE B
ORMOND BEACH, FL 32174

MGRM
SINGIREDDY, SUKHENDER M.D.
500 MEMORIAL CIRCLE – SUITE B
ORMOND BEACH, FL 32174