


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2008 8:00 am
Secretary of State

05-06-2008 90003 002 ***138.75

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
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2. Principal Place of Business - No P.O. Box # 1680 DUNLAWTON AVE	3. Mailing Address 1680 DUNLAWTON AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PORT ORANGE	City & State PORT ORANGE, FL
Zip 32127	Zip 32127
Country USA	Country USA



03202008 Chg-LLC CR2E083 (12/06)

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
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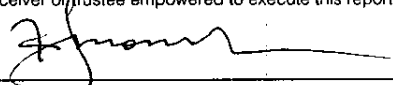
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to: Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MONSOUR, FREDERICK J MD 500 MEMORIAL CIRCLE, SUITE B ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1680 DUNLAWTON AVE PORT ORANGE, FL 32127 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEB, ROBERT B MD 500 MEMORIAL CIRCLE, SUITE B ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1680 DUNLAWTON AVE PORT ORANGE, FL 32127 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WEAVER, JAMES J MD 500 MEMORIAL CIRCLE, SUITE B ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1680 DUNLAWTON AVE PORT ORANGE, FL 32127 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DANA, FRANKLIN MD 500 MEMORIAL CIRCLE - SUITE B ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1680 DUNLAWTON AVE PORT ORANGE, FL 32127 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAMCHANDER, NEVILLE MD 500 MEMORIAL CIRCLE, SUITE B ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1680 DUNLAWTON AVE PORT ORANGE, FL 32127 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PINEIRO, SERGIO DO 500 MEMORIAL CIRCLE, SUITE B ORMOND BEACH, FL 32174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1680 DUNLAWTON AVE PORT ORANGE, FL 32127 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #