2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

ANNOAL REPORT						Secretary of State			
DOCUMENT # L9900001868 1. Enlity Name ORMOND RADIOLOGY PARTNERSHIP, LLC							3 90003 002 ***1		
Principal Plac 500 MEMORI SUITE B ORMOND BE		Mailing Address 500 MEMORIAL SUITE B ORMOND BEACH					1 15 00 1100 11 7 00 1183 1180 1		
2. Principal Place of Business - No P.O. Box # 1680 DUNLAWTON AVE Suite, Apt. #, etc. 3. Mailing Address 1680 DUNLP Suite, Apt. #, etc.			A USTWAL	VE.					
					03202008	Chg-LLC	CR2E083 (12/06)		
Port	DRANGE		NGE A	-	4. FEI Numbe 59-2940		N	pplied For lot Applicable	
Zip 32\27	Country —USA	32127	tount	SA		of Status Desired	□ \$5.00 Ad Fee Require		
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New R	egistered Agent		
MONSOUR, FREDERICK J 500 MEMORIAL CIRCLE SUITE B				Name Street Address (P.O. Box Number is Not Acceptable)					
ORMOND	BEACH, FL 32174			City			1		
							FL Zip Coo		
	named entity submits this statement for tions of registered agent.	the purpose of chan	nging its registere	ed office or reg	gistered agent, or bot	h, in the State of Flo	rida. I am familiar with	, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable.	(NOTE: Registered	d Agent signature re	equired when reinstating)		DATE		
	NOW!!! FEE IS \$138.75 7 1, 2008 Fee will be \$538.75				3)		e check payable to Department of Sta		
9.	MANAGING MEMBER	RS/MANAGERS	10.		_	ADDITIONS/	CHANGES		
TITLE	MGRM	☐ Dele	ete TITLE	:					
STREET ADDRESS CITY-ST-ZIP	MONSOUR, FREDERICK J MD 500 MEMORIAL CIRCLE, SUITE ORMOND BEACH, FL, 32174	В		E ET ADDRESS	WALKUD OBO	TON AVE	Change	☐ Addition	
-	500 MEMORIÀL CIRCLE, SUITE ORMOND BEACH, FL 32174 MGRM	B 🗔 Dele	STREI CITY- ete TITLE	E ET ADORESS P	ORT DRANG	E, FL 32	2127 Change	Addition	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	500 MEMORIÀL CIRCLE, SUITE ORMOND BEACH, FL 32174 MGRM LEB, ROBERT B MD 500 MEMORIAL CIRCLE, SUITE	☐ Dele	STREI CITY- ete TITLE NAME STREI	E ET ADORESS P	ORT DRANG	E, FL 32	2127 Change		
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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 HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #