

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000001868

FILED
Feb 23, 2011
Secretary of State

Entity Name: ORMOND RADIOLOGY PARTNERSHIP, LLC

Current Principal Place of Business:

1680 DUNLAWTON AVE
PORT ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

1680 DUNLAWTON AVE
PORT ORANGE, FL 32127

New Mailing Address:

6 FERNWOOD TRAIL
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:

SANDNES, CHARLES A MGR
1680 DUNLAWTON AVE
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

MONSOUR, FREDERICK J MD
6 FERNWOOD TRAIL
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: FREDERICK MONSOUR, M.D.

02/23/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: MONSOUR, FREDERICK J MD
Address: 1680 DUNLAWTON AVE
City-St-Zip: PORT ORANGE, FL 32127

Title: MGRM
Name: LEB, ROBERT B MD
Address: 1680 DUNLAWTON AVE
City-St-Zip: PORT ORANGE, FL 32127

Title: MGRM
Name: WEAVER, JAMES J MD
Address: 1680 DUNLAWTON AVE
City-St-Zip: PORT ORANGE, FL 32127

Title: MGRM
Name: DANA, FRANKLIN MD
Address: 1680 DUNLAWTON AVE
City-St-Zip: PORT ORANGE, FL 32127

Title: MGRM
Name: RAMCHANDER, NEVILLE MD
Address: 1680 DUNLAWTON AVE
City-St-Zip: PORT ORANGE, FL 32127

Title: MGRM
Name: PINEIRO, SERGIO DO
Address: 1680 DUNLAWTON AVE
City-St-Zip: PORT ORANGE, FL 32127

I hereby 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 MONSOUR, M.D.

MGR

02/23/2011

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