

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000001868

FILED
Mar 14, 2012
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:

201 BILL FRANCE BOULEVARD
DAYTONA BEACH, FL 32114

Current Mailing Address:

6 FERNWOOD TRAIL
ORMOND BEACH, FL 32174

New Mailing Address:

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 MD
6 FERNWOOD TRAIL
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: MONSOUR, FREDERICK J MD
Address: 6 FERNWOOD TRAIL
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM
Name: LEB, ROBERT B MD
Address: 26 EMERALD CIRCLE
City-St-Zip: ORMOND BEACH, FL 32174

Title: MGRM
Name: WEAVER, JAMES J MD
Address: 3548 JOHN ANDERSON DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: MGRM
Name: DANA, FRANKLIN MD
Address: 3685 JOHN ANDERSON DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: MGRM
Name: RAMCHANDER, NEVILLE MD
Address: 806 RIVERSIDE DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: MGRM
Name: PINEIRO, SERGIO DO
Address: 19 CAMBRIDGE TRACE
City-St-Zip: ORMOND BEACH, FL 32174

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 J MONSOUR

MGRM

03/14/2012

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