

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90073 018 ****50.00

DOCUMENT # L99000001940

1. Entity Name
INTERSTATE RADIOLOGY MANAGEMENT, L.L.C.



Principal Place of Business
631 PALM SPRINGS DRIVE, SUITE 116
ALTAMONTE SPRINGS, FL 32701

Mailing Address
631 PALM SPRINGS DRIVE, SUITE 116
ALTAMONTE SPRINGS, FL 32701

20004783



01132005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3569685

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAY, CHARLES
631 PALM SPRINGS DRIVE, SUITE 116
ALTAMONTE SPRINGS, FL 32701

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
RIPPE, DAVID J M.D.
631 PALM SPRINGS DR., STE 116
ALTAMONTE SPRINGS, FL 32701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SCHIEBLER, MARK L
631 PALM SPRINGS DR., SUITE 116
ALTAMONTE SPRINGS, FL 32701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MORRIS, LEN W M.D.
631 PALM SPRINGS DR. SUITE 116
ALTAMONTE SPRINGS, FL 32701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-25-05