2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State
01-30-2006 90157 029 ****50.00

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

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

01132006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
150 N WESTMONTE DR Suite, Apt. #, etc.	150 N WESTMONTE DR Suite, Apt. #, etc.
City & State: ALTAMONTE SPRINGS FL	City & State: ALTAMONTE SPRINGS FL
Zip: 32714 Country: SEMINOLE	Zip: 32714 Country: SEMINOLE

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	7. Name and Address of New Registered Agent
MAY, CHARLES 631 PALM SPRINGS DRIVE, SUITE 116 ALTAMONTE SPRINGS, FL 32701	Name Street Address (P.O. Box Number is Not Acceptable): 150 N WESTMONTE DR City: ALTAMONTE SPRINGS FL Zip Code: 32714

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR RIPPE, DAVID J M.D. 631 PALM SPRINGS DR., STE 116 ALTAMONTE SPRINGS, FL 32701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 150 N WESTMONTE DR ALTAMONTE SPRINGS FL 32714
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SCHIEBLER, MARK L 631 PALM SPRINGS DR., SUITE 116 ALTAMONTE SPRINGS, FL 32701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 150 N WESTMONTE DR ALTAMONTE SPRINGS FL 32714
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR MORRIS, LEN W M.D. 631 PALM SPRINGS DR. SUITE 116 ALTAMONTE SPRINGS, FL 32701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 150 N WESTMONTE DR ALTAMONTE SPRINGS FL 32714
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Charles M. May 407-767-0433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #