2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90157 029 ****50.00

DOCUMENT # L99000001940

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

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

01132006 Chg-LLC CR2E083 (11/05)

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 _____
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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE: MGR ☐ Delete		TITLE: ☒ Change ☐ Addition	
NAME: RIPPE, DAVID J M.D.		NAME:	
STREET ADDRESS: 631 PALM SPRINGS DR., STE 116		STREET ADDRESS: 150 N WESTMONTE DR	
CITY-ST-ZIP: ALTAMONTE SPRINGS, FL 32701		CITY-ST-ZIP: ALTAMONTE SPRINGS FL 32714	
TITLE: MGR ☐ Delete		TITLE: ☒ Change ☐ Addition	
NAME: SCHIEBLER, MARK L		NAME:	
STREET ADDRESS: 631 PALM SPRINGS DR., SUITE 116		STREET ADDRESS: 150 N WESTMONTE DR	
CITY-ST-ZIP: ALTAMONTE SPRINGS, FL 32701		CITY-ST-ZIP: ALTAMONTE SPRINGS FL 32714	
TITLE: MGR ☐ Delete		TITLE: ☒ Change ☐ Addition	
NAME: MORRIS, LEN W M.D.		NAME:	
STREET ADDRESS: 631 PALM SPRINGS DR. SUITE 116		STREET ADDRESS: 150 N WESTMONTE DR	
CITY-ST-ZIP: ALTAMONTE SPRINGS, FL 32701		CITY-ST-ZIP: ALTAMONTE SPRINGS FL 32714	
TITLE: ☐ Delete		TITLE: ☐ Change ☐ Addition	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE: ☐ Delete		TITLE: ☐ Change ☐ Addition	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE: ☐ Delete		TITLE: ☐ Change ☐ Addition	
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	

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 #