
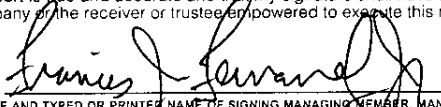


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90080 031 \*\*\*\*50.00

<b>DOCUMENT # L99000001940</b> 1. Entity Name INTERSTATE RADIOLOGY MANAGEMENT, L.L.C.					
Principal Place of Business 150 N. WESTMONTE DR ALTAMONTE SPRINGS, FL 32714			Mailing Address 150 N. WESTMONTE DR ALTAMONTE SPRINGS, FL 32714		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3569685	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  MAY, CHARLES 150 N. WESTMONTE DR ALTAMONTE SPRINGS, FL 32714			7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RIPPE, DAVID J.M.D. 150 N. WESTMONTE DR ALTAMONTE SPRINGS, FL 32714	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRANCIS FERNANDEZ, JR, MD 150 N WESTMONTE DR ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHIEBLER, MARK L 150 N. WESTMONTE DR ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRUCE R. CROSSMAN MD 150 N WESTMONTE DR ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORRIS, LEN W.M.D. 150 N. WESTMONTE DR ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date _____ Daytime Phone # _____					