

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90135 003 ****50.00

DOCUMENT # L99000003381



1. Entity Name
RADIOLOGY ASSOCIATES, II, L.L.C.

Principal Place of Business
**1026 S.W. 2ND AVENUE
GAINESVILLE, FL 32601**

Mailing Address
**1026 S.W. 2ND AVENUE
GAINESVILLE, FL 32601**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
Suite F

Suite, Apt. #, etc.
Suite F

07022004 Chg-LLC CR2E083 (10/03)



14026848

City & State

City & State

4. FEI Number
59-3583784

Applied For
Not Applicable

Zip Country

Zip Country

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

**COEL, MARK A ESQ.
621 NW 53RD ST.
SUITE 420
BOCA RATON, FL 33487-0000**

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

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 September 8, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ADLERMAN, MARY G M.D.
1026 S.W. 2ND AVENUE
GAINESVILLE, FL 32601 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LOTZ, PRESTON R M.D.
1026 S.W. 2ND AVENUE
GAINESVILLE, FL 32601 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PATLOVICH, MARK F M.D.
1026 S.W. 2ND AVENUE
GAINESVILLE, FL 32601 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SHAHAN, JOHN S
1026 S.W. 2ND AVENUE
GAINESVILLE, FL 32601 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 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:

Mark Patlovich, M.D. 7/6/04 352 372-1919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #