.2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 10, 2007 8:00 am
Secretary of State

07-10-2007 90039 009 ****50.00

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1. Entity Name
ROENTGEN, LLC

Principal Place of Business
1621 NORTH MILLS AVENUE
C/O SUSAN L CURRY
ORLANDO, FL 32803

Mailing Address
1621 NORTH MILLS AVENUE
C/O SUSAN L CURRY
ORLANDO, FL 32803

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07032007No Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3613510

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BELMONT, VICKI
1621 NORTH MILLS AVENUE
C/O WOMEN'S CENTER FOR RADIOLOGY
ORLANDO, FL 32803

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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 14, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	CURRY, SUSAN L MD
STREET ADDRESS	1621 NORTH MILLS AVENUE
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	MGR
NAME	BLEMONT, K. VICKI
STREET ADDRESS	1621 NORTH MILLS AVENUE
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #