2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # M07000005758

LBT DIAGNOSTIC RADIATION PHYSCIS CONSULTING,



FILED Mar 17, 2008 08:00 A Secretary of State

Principal Place of Business

2733 ELDRED COURT APOPKA, FL 32712

Mailing Address

2733 ELDRED COURT APOPKA, FL 32712



03022008 No Chg-LLC

CR2E083 (12/07)

Fee Required

4.	FEI Number		Ι.	Applied For
	38-3754333			Not Applicable
5.	Certificate of Status Desired	□ \$ 5.	00	Additional

6. Name and Address of Current Registered Agent

HOWLEY, JOSEPH 2733 ELDRED COURT APOPKA, FL 32712

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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signature Typica name of registered agent and obligations. (NOTE Registered Agent separate required when remotating) DATE FILE NOWITH FEE IS \$138.75 9. MANAGING MEMBERS/MANAGERS ITILE MARE HOWLEY, JOSEPH STRET ADDRESS CITY-S1-2P TITLE MARE NOWNEY STREET ADDRESS OF REVENUE LAS VEGAS, NV 89143 ITILE MARE CHILDRESS, MICHAEL TITLE MARE STREET ADDRESS CITY-S1-2P AUGUSTA, GA 30901 DO NOT WRITE IN THIS SPACE ITILE NAME STREET ADDRESS CITY-S1-2P TITLE NAME STREET ADDRESS CITY-S1-2P AUGUSTA, GA 30901 DO NOT WRITE IN THIS SPACE			113	TIIO OFACL			
FILE NOWIL FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 9. MANAGING MEMBERS/MANAGERS TITLE MGR HOWLEY, JOSEPH 2733 ELDRED COURT APOPKA, FL 32712 TITLE MGR PATTON, PHILLIP STRET ADDRESS CITY-SI-ZIP NAME CHILDRESS, MICHAEL STRET ADDRESS CITY-SI-ZIP AUGUSTA, GA 30901 TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE NAME STRET ADDRESS CITY-SI-ZIP AUGUSTA, GA 30901 TITLE TITLE NAME STRET ADDRESS CITY-SI-ZIP AUGUSTA, GA 30901 TITLE TITLE NAME STRET ADDRESS CITY-SI-ZIP AUGUSTA, GA 30901 TITLE NAME STRET ADDRESS CITY-SI-ZIP AUGUSTA, GA 30901 TITLE TITLE NAME STRET ADDRESS CITY-SI-ZIP AUGUSTA, GA 30901 TITLE TITLE NAME STRET ADDRESS CITY-SI-ZIP TITLE TITLE NAME STRET ADDRESS CITY-SI-ZIP TITLE TITLE NAME STRET ADDRESS CITY-SI-ZIP TITLE TITLE TITLE NAME STRET ADDRESS CITY-SI-ZIP TITLE TI	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. If am familiar with, and accept the obligations of registered agent.						
### After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS	SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE Registered Agent signature required when reinstating)	DATE			
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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.

Joseph

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

3-4-2008

352 - 396-1494

Daytime Phone #