

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

**DOCUMENT # M07000005758**

1. Entity Name  
LBT DIAGNOSTIC RADIATION PHYSICIS CONSULTING,  
LLC



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)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
38-3754333

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

HOWLEY, JOSEPH  
2733 ELDRED COURT  
APOPKA, FL 32712

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	HOWLEY, JOSEPH
STREET ADDRESS	2733 ELDRED COURT
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	MGR
NAME	PATTON, PHILLIP
STREET ADDRESS	9005 RUSTY RIFLE AVENUE
CITY-ST-ZIP	LAS VEGAS, NV 89143
TITLE	MGR
NAME	CHILDRESS, MICHAEL
STREET ADDRESS	120 REYNOLDS STREET
CITY-ST-ZIP	AUGUSTA, GA 30901
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000861753  
04/03/08-80021-017 138.75

**DO NOT WRITE  
IN THIS SPACE**

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

Joseph Howley

3-4-2008

352-396-1494

Date

Daytime Phone #