

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 MAY -6 AM 8:53

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILING FEE** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # M97000000383**  
  
INTERNATIONAL RADIOLOGY GROUP, L.L.C.  
~~1330 HI LINE DRIVE~~  
DALLAS TX 75207

1a. Principal Place of Business Address  
~~1330 HI LINE DRIVE~~  
DALLAS TX 75207

2. Principal Place of Business 3838 OAK LAWN AVE. Suite, Apt. #, etc. SUITE 300 City & State DALLAS, TX Zip 75219 Country USA	2a. Mailing Address 3838 OAK LAWN AVE. Suite, Apt. #, etc. SUITE 300 City & State DALLAS, TX Zip 75219 Country USA	3. Date Organized or Qualified 05/23/1997	3a. State of Formation DE
		4. FEI Number 75-2619605	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent  
CORPORATION SERVICE , COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

8. Name and Address of New Registered Agent/Office

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
Suite, Apt. #, etc. \_\_\_\_\_  
City \_\_\_\_\_ Zip Code **FL** *MBA*

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	PUIG, A. WINSTON DR.	3424 GILLESPIE STREET, VII	DALLAS TX
MGRM	HOLLAND, J R JR	4000 THANKSGIVING TOWER	DALLAS TX
MGR	KEARNEY, STEPHAN M	1330 HI LINE DRIVE	DALLAS TX

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\*\*\*\*188.75 \*\*\*\*188.75

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #