


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000013423**  
 1. Entity Name  
**WESTCHESTER DIAGNOSTIC RADIOLOGY L.L.C.**



Principal Place of Business      Mailing Address  
 2500 S.W. 75TH AVE.      P.O. BOX 557249  
 RADIOLOGY DEPARTMENT      MIAMI, FL 33255-7249  
 MIAMI, FL 33155

**DO NOT WRITE IN THIS SPACE**



04292004 No Chg-LLC      CR2E083 (10/03)

4. FBI Number      Applied For  
**65-1119703**      Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**PEREZ, ELIZABETH L**  
**1643 BRICKELL AVE APT 1001**  
**MIAMI, FL 33429**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent as of the filing date. (NOTE: Registered Agent signature required when appointing)

**Filing Fee is \$50.00**  
**Due by May 1, 2004**

U000000153909  
 05/04/04-80146-020 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	PEREZ, M.D., MANUEL
STREET ADDRESS	1643 BRICKELL AVE APT 1001
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Elizabeth Perez*      4/27/04      305-984-6344  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #