



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904 2615  
401 222 3046

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.


1. ID No. 129906		2. Exact name of the limited liability company Aureus Radiology, LLC			
3. State of Formation NEBRASKA		4. Brief description of the character of the business which is actually conducted in Rhode Island PROVIDES RADIOLOGY PERSONNEL TO HEALTH CARE FACILITIES ON A TEMPORATRY BASIS			
5. Principal office address 13609 CALIFORNIA STREET		City OMAHA	State NE	Zip 68154-5233	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ROBERT L HERBOLHEIMER		Contact Title VP OF C&A			
Street Address 13609 CALIFORNIA STREET		City OMAHA	State NE	Zip 68154-5233	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name JICKI F WITKOVSKI		Manager Name			
Street Address 13609 CALIFORNIA STREET		Street Address			
City OMAHA	State NE	Zip 68154-5233	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name CT CORPORATION SYSTEM		Address			
Address 10 WEYBOSSET STREET		City PROVIDENCE		Zip 02903-	

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

129906

<b>FILED</b>	
File Date	OCT 01 2007
Check No.	By 385915
By	
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements contained herein are true and correct.

 9/24/07  
Signature of Authorized Person Date  
VICKI F WITKOVSKI, MANAGER  
Print or Type Name of Authorized Person