

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000104689

FILED
Jan 22, 2009
Secretary of State

Entity Name: UNIVERSAL NIGHTHAWK SERVICES, LLC

Current Principal Place of Business:

1435 S. OSPREY AVE., SUITE 201
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 25428
SARASOTA, FL 34277

New Mailing Address:

FEI Number: 20-3695956

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REILLY, CLARENCE R MD
1435 SOUTH OSPREY AVENUE #201
SARASOTA, FL 34239 US

Name and Address of New Registered Agent:

SMH RADIOLOGY ASSOCIATES, P.A.
1435 S. OSPREY AVE., SUITE 201
SARASOTA, FL 34239 US

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.

SIGNATURE: CLARENCE R. REILLY, M.D.

01/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: REILLY, CLARENCE R MD
Address: POB 25428
City-St-Zip: SARASOTA, FL 34277

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SMH RADIOLOGY ASSOCIATES, P.A.
Address: POB 25428
City-St-Zip: SARASOTA, FL 34277

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CLARENCE R. REILLY, M.D.

P

01/22/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date