

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000104689

FILED
Feb 07, 2011
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:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

Title: MGRM
Name: LICHTENSTEIN, RICHARD J MD
Address: PO BOX 25428
City-St-Zip: SARASOTA, FL 34277

Title: MGRM
Name: WERMAN, RICHARD E DO
Address: PO BOX 25428
City-St-Zip: SARASOTA, FL 34277

Title: MGRM
Name: KUNBERGER, LAURA E MD
Address: PO BOX 25428
City-St-Zip: SARASOTA, FL 34277

Title: MGRM
Name: SRUR, MARCEL
Address: PO BOX 25428
City-St-Zip: SARASOTA, FL 34277

Title: MGRM
Name: WILSON, NANCY
Address: PO BOX 25428
City-St-Zip: SARASOTA, FL 34277

I hereby 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: SMH RADIOLOGY ASSOCIATES, P.A.

COO

02/07/2011

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