

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000003736

FILED
Jan 23, 2011
Secretary of State

Entity Name: HEALTHCARE CORRECTIONS X-RAY, LLC

Current Principal Place of Business:

1194 TUMBLEWEED RUN
TALLAHASSEE, FL 32311

New Principal Place of Business:

Current Mailing Address:

1194 TUMBLEWEED RUN
TALLAHASSEE, FL 32311

New Mailing Address:

FEI Number: 58-2388352

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MILLER, LORNE C
1194 TUMBLEWEED RUN
TALLAHASSEE, FL 32311 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: MILLER, LORNE C
Address: 1194 TUMBLEWEED RUN
City-St-Zip: TALLAHASSEE, FL 32311

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: LORNE C. MILLER

MGR

01/23/2011

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