

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000000152

**FILED**  
**May 07, 2012**  
**Secretary of State**

**Entity Name:** PEGASYS DIAGNOSTIC IMAGING LLC

**Current Principal Place of Business:**

6225 N MEEKER PLACE  
SUITE 210  
BOISE, ID

**New Principal Place of Business:**

6225 N MEEKER PLACE  
SUITE 210  
BOISE, ID 83713 US

**Current Mailing Address:**

6225 N MEEKER PLACE  
SUITE 210  
BOISE, ID

**New Mailing Address:**

6225 N MEEKER PLACE  
SUITE 210  
BOISE, ID 83713 US

**FEI Number:** 27-1046402

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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: GILES, DAVID J  
Address: 6225 N MEEKER PLACE, SUITE 210  
City-St-Zip: BOISE, ID 83713

Title: MGR  
Name: SHOEMAKER, R. STUART  
Address: 6225 N MEEKER PLACE, SUITE 210  
City-St-Zip: BOISE, ID 83713

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: RICHARD B. DRURY

CFO

05/07/2012

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