

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000005036

FILED
Apr 17, 2012
Secretary of State

Entity Name: VIRTUAL RADIOLOGIC PROFESSIONALS, LLC

Current Principal Place of Business:

11995 SINGLETREE LANE STE 500
EDWN PRAIRIE, MN 55344

New Principal Place of Business:

11995 SINGLETREE LANE
SUITE 500
EDEN PRAIRIE, MN 55344

Current Mailing Address:

11995 SINGLETREE LANE STE 500
EDWN PRAIRIE, MN 55344

New Mailing Address:

11995 SINGLETREE LANE
SUITE 500
EDEN PRAIRIE, MN 55344

FEI Number: 41-2007905

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGRM
Name: BRICK, STEVEN H MD
Address: 11995 SINGLETREE LANE STE 500
City-St-Zip: EDEN PRAIRIE, MN 55344

Title: MGRM
Name: MYERS, TIMOTHY V MD
Address: 11995 SINGLETREE LANE STE 500
City-St-Zip: EDEN PRAIRIE, MN 55344

Title: MGRM
Name: SNYDER, BRADLEY J MD
Address: 11995 SINGLETREE LANE STE 500
City-St-Zip: EDEN PRAIRIE, MN 55344

Title: MGRM
Name: STRONG, BENJAMIN W MD
Address: 11995 SINGLETREE LANE STE 500
City-St-Zip: EDEN PRAIRIE, MN 55344

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: TIMOTHY V. MYERS, M.D.

MGRM

04/17/2012

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