

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007360

FILED
Jan 26, 2011
Secretary of State

Entity Name: FLORIDA RADIOLOGY LEASING, LLC

Current Principal Place of Business:

8791 CONFERENCE DRIVE
FORT MYERS, FL 33919 US

New Principal Place of Business:

Current Mailing Address:

8791 CONFERENCE DRIVE
FORT MYERS, FL 33919 US

New Mailing Address:

FEI Number: 03-0420417

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, GARY
202 S ROME AVE
SUITE 100
TAMPA, FL 33606 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: T/S
Name: WALTERS, JAMES S
Address: 8791 CONFERENCE DRIVE
City-St-Zip: FORT MYERS, FL 33919 US

Title: VP
Name: GERSON, DONALD E
Address: 8791 CONFERENCE DRIVE
City-St-Zip: FORT MYERS, FL 33919 US

Title: PRES
Name: PRESBREY, THOMAS G
Address: 8791 CONFERENCE DRIVE
City-St-Zip: FORT MYERS, FL 33919 US

Title: VP
Name: NEGIN, GEOFFREY A
Address: 8791 CONFERENCE DRIVE
City-St-Zip: FORT MYERS, FL 33919 US

Title: VP
Name: TIENSTRA, JOSEPH E
Address: 8791 CONFERENCE DRIVE
City-St-Zip: FORT MYERS, FL 33919 US

Title: VP
Name: SONN, JEFFREY R
Address: 8791 CONFERENCE DRIVE
City-St-Zip: FORT MYERS, FL 33919 US

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: THOMAS G PRESBREY

PRES

01/26/2011

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