

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000004613

FILED
Jan 19, 2009
Secretary of State

Entity Name: RADIOGRAPHIC CONSULTANTS, LLC

Current Principal Place of Business:

11300 4TH STREET NORTH
SUITE 140
ST. PETERSBURG, FL 33716

New Principal Place of Business:

Current Mailing Address:

11300 4TH STREET NORTH
SUITE 140
ST. PETERSBURG, FL 33716

New Mailing Address:

FEI Number: 02-0675363

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOWLER WHITE BOGGS BANKER P.A.
C/O STEVEN K. BARBER
501 EAST KENNEDY BLVD STE. 1700
TAMPA, FL 33602 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 () Delete
Name: MICHAEL J. FOLEY, M., D., P.A.
Address: 11300 4TH STREET, SUITE 140
City-St-Zip: ST. PETERSBURG, FL 33716 US

Title: MGRM () Delete
Name: DAVID ROSENBAUGH, M.D., P.A.
Address: 11300 4TH STREET, SUITE 140
City-St-Zip: ST. PETERSBURG, FL 33716 US

Title: MGRM (X) Delete
Name: DONALD W. DURRANCE, M.D., P.A.
Address: 11300 4TH STREET, SUITE 140
City-St-Zip: ST. PETERSBURG, FL 33716 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: DONALD W. DURRANCE, M.D., P.A.
Address: 11300 4TH STREET, SUITE 140
City-St-Zip: ST. PETERSBURG, FL 33716 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MICHAEL J FOLEY, MD

PRES

01/19/2009

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