

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000004613

FILED  
Jan 17, 2012  
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:**

101 EAST KENNEDY BOULEVARD  
SUITE 3900  
TAMPA, FL 33602

**Current Mailing Address:**

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

**New Mailing Address:**

101 EAST KENNEDY BOULEVARD  
SUITE 3900  
TAMPA, FL 33602

**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  
Name: MICHAEL J. FOLEY, M.D., P.A.  
Address: 101 EAST KENNEDY BOULEVARD  
City-St-Zip: TAMPA, FL 33602 US

Title: MGRM  
Name: DONALD W. DURRANCE, M.D., P.A.  
Address: 101 EAST KENNEDY BOULEVARD  
City-St-Zip: TAMPA, FL 33602 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: MICHAEL J. FOLEY, M.D.

MR.

01/17/2012

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