

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000091385

**FILED**  
**Jan 15, 2010**  
**Secretary of State**

**Entity Name:** SOUTHEAST RADIOLOGY ASSOCIATES, P.L.

**Current Principal Place of Business:**

1600 PHILLIPS ROAD  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

1600 PHILLIPS ROAD  
TALLAHASSEE, FL 32308

**New Mailing Address:**

**FEI Number:** 20-3473573

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MILLER, TRAVIS  
301 SOUTH BRONOUGH STREET, SUITE 200  
TALLAHASSEE, FL 32301 US

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

HAMPTON, LANCE  
1600 PHILLIPS RD  
TALLAHASSEE, FL 32308 US

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: LANCE HAMPTON

01/15/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: RADIOLOGY ASSOCIATES OF TALLAHASSEE, P.A.  
Address: 1600 PHILLIPS ROAD  
City-St-Zip: TALLAHASSEE, FL 32308

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: LANCE HAMPTON

CFO

01/15/2010

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