

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000096741

FILED
Aug 12, 2009
Secretary of State**Entity Name:** RADIOLOGY TRANSCRIPTION SERVICES, LLC**Current Principal Place of Business:**2965 BLACKWATER CREEK DRIVE
LAKELAND, FL 33810**New Principal Place of Business:****Current Mailing Address:**2965 BLACKWATER CREEK DRIVE
LAKELAND, FL 33810**New Mailing Address:****FEI Number:** 20-3646703**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PERALES, SABRINA R
2965 BLACKWATER CREEK DRIVE
LAKELAND, FL 33810 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:** MGR () Delete
Name: PERALES, SABRINA R
Address: 2965 BLACKWATER CREEK DRIVE
City-St-Zip: LAKELAND, FL 33810**Title:** MGRM () Delete
Name: PERALES, CHRISTOPHER D
Address: 2965 BLACKWATER CREEK DRIVE
City-St-Zip: LAKELAND, FL 33810**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** MGRM (X) Change () Addition
Name: BENNETT, PATRICIA A
Address: 121 LAKESIDE BLVD
City-St-Zip: POMONA PARK, FL 32181

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: SABRINA R. PERALES

MGR

08/12/2009

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