

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000104689

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** UNIVERSAL NIGHTHAWK SERVICES, LLC

**Current Principal Place of Business:**

1435 S. OSPREY AVE., SUITE 201  
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 25428  
SARASOTA, FL 34277

**New Mailing Address:**

**FEI Number:** 20-3695956

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMH RADIOLOGY ASSOCIATES, P.A.  
1435 S. OSPREY AVE., SUITE 201  
SARASOTA, FL 34239 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  
Name: SMH RADIOLOGY ASSOCIATES, P.A.  
Address: POB 25428  
City-St-Zip: SARASOTA, FL 34277

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: CLARENCE R. REILLY

PRES

01/05/2010

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