2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000104689

Entity Name: UNIVERSAL NIGHTHAWK SERVICES, LLC

FILED Jan 04, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1435 S. OSPREY AVE., SUITE 201 1700 SOUTH TAMIAMI TRAIL SARASOTA, FL 34239 DEPARTMENT OF RADIOLOGY

SARASOTA, FL 34239

Current Mailing Address: New Mailing Address:

P.O. BOX 25428 SARASOTA, FL 34277

FEI Number: 20-3695956 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SMH RADIOLOGY ASSOCIATES, P.A.

1435 S. OSPREY AVE., SUITE 201

SARASOTA, FL 34239 US

SMH RADIOLOGY ASSOCIATES, P.A.

1700 SOUTH TAMIAMI TRAIL

SARASOTA, FL 34239 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: RICHARD E. WERMAN, DO 01/04/2012

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Γitle: MGR

Name: SMH RADIOLOGY ASSOCIATES, P.A.

Address: POB 25428

City-St-Zip: SARASOTA, FL 34277

Title: MGRM

Name: FINAZZO, MARIA M MD Address: PO BOX 25428 City-St-Zip: SARASOTA, FL 34277

Title: MGRM

Name: WERMAN, RICHARD E DO

Address: PO BOX 25428 City-St-Zip: SARASOTA, FL 34277

Title: MGRM

Name: KUNBERGER, LAURA E MD Address: PO BOX 25428

City-St-Zip: SARASOTA, FL 34277

Title: MGRM

Name: ANDERSON, AMELIA A MD

Address: PO BOX 25428 City-St-Zip: SARASOTA, FL 34277

Title: MGRM

Name: WILSON, NANCY
Address: PO BOX 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 Statues.

SIGNATURE: RICHARD E. WERMAN, DO MGR 01/04/2012

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