

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000048416

**FILED**  
**Jul 10, 2008**  
**Secretary of State**

**Entity Name:** HUDSON RADIOLOGY CONSULTANTS, PL

**Current Principal Place of Business:**

6983 EAST FOWLER AVENUE  
TAMPA, FL 33617 US

**New Principal Place of Business:**

**Current Mailing Address:**

6983 EAST FOWLER AVENUE  
TAMPA, FL 33617 US

**New Mailing Address:**

**FEI Number:** 26-0175942      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

WALKER, GARY ESQUIRE  
202 SOUTH ROME AVENUE  
SUITE 100  
TAMPA, FL 33606 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 ( ) Delete  
**Name:** RADIOLOGY CONSULTANT, S OF FLORIDA, P L  
**Address:** 6983 EAST FOWLER AVENUE  
**City-St-Zip:** TAMPA, FL 33617

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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: ELLIS NORSOPH

MGRM

07/10/2008

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