

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000072394

FILED
Apr 29, 2009
Secretary of State

Entity Name: SEMPER FI TELERADIOLOGY, LLC

Current Principal Place of Business:

13731 METROPOLIS AVE
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

13731 METROPOLIS AVE
FORT MYERS, FL 33912

New Mailing Address:

FEI Number: 26-0514338

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KYLE, KEVIN A ESQ
1380 ROYAL PALM SQUARE BLVD
FORT MYERS, FL 33919 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: QUEEN, WILLIAM A
Address: 25560 SPRINGTIDE CT
City-St-Zip: BONITA SPRINGS, FL 34135

Title: MGRM () Delete
Name: SHAH, SAURIN J
Address: 845 S TOWN AND RIVER DR
City-St-Zip: FORT MYERS, FL 33919

Title: MGRM () Delete
Name: MARGOLIN, CHAIM J
Address: 14631 SAFE LANDING CT
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES:

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

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

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: SAURIN SHAH

MGRM

04/29/2009

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