

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000078819

FILED
Jan 14, 2010
Secretary of State

Entity Name: INTERVASC AT BAY RADIOLOGY, LLC

Current Principal Place of Business:

527 NORTH PALO ALTO AVE
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1770
PANAMA CITY, FL 32402

New Mailing Address:

FEI Number: 26-0857019

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOGUE, LLOYD G
527 NORTH PALO ALTO AVE
PANAMA CITY, FL 32401 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
Name: PRESSER, GREGORY A
Address: 527 NORTH PALO ALTO AVE
City-St-Zip: PANAMA CITY, FL 32401

Title: MGRM
Name: BAILEY, C. GLENN JR.
Address: 527 NORTH PALO ALTO AVE
City-St-Zip: PANAMA CITY, FL 32401

Title: MGRM
Name: RAMEY, SCOTT L
Address: 527 NORTH PALO ALTO AVE
City-St-Zip: PANAMA CITY, FL 32401

Title: MGRM
Name: LOGUE, LLOYD G
Address: 527 NORTH PALO ALTO AVE
City-St-Zip: PANAMA CITY, FL 32401

Title: MGRM
Name: CAMPBELL, WILLIAM S
Address: 527 NORTH PALO ALTO AVE
City-St-Zip: PANAMA CITY, FL 32401

Title: MGRM
Name: KRIEGEL, WENDY W
Address: 527 N. PALO ALTO AVE
City-St-Zip: PANAMA CITY, FL 32401

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: LLOYD G. LOGUE

MGRM

01/14/2010

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