

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000102519

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

**Entity Name:** TITAN OUTPATIENT FLUOROSCOPY SERVICES, LLC

**Current Principal Place of Business:**

1471 CADES BAY AVENUE  
JUPITER, FL 33458

**New Principal Place of Business:**

**Current Mailing Address:**

1471 CADES BAY AVENUE  
JUPITER, FL 33458

**New Mailing Address:**

**FEI Number:** 26-2085642

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCROGGINS, H. STACY  
1471 CADES BAY AVENUE  
JUPITER, FL 33458 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: FLUOROSCOPY OUTPATIENT FLUOR. SVCS., LLC  
Address: 1471 CADES BAY AVENUE  
City-St-Zip: JUPITER, FL 33458

Title: MGR  
Name: TITAN HEALTH CORPORATION  
Address: 1471 CADES BAY AVENUE  
City-St-Zip: JUPITER, FL 33458

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: H. STACY SCROGGINS

MGR

01/05/2010

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