2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2008
Secretary of State

DOCUMENT# L07000104846

Entity Name: ATLANTIC RADIOLOGY CONSULTANTS, LLC

Current Principal Place of Business:

1912 HAMILTON STREET, STE 201
JACKSONVILLE, FL 32210

New Principal Place of Business:

1912 HAMILTON STREET
SUITE 201
JACKSONVILLE, FL 32210

Current Mailing Address:

1912 HAMILTON STREET, STE 201
JACKSONVILLE, FL 32210

New Mailing Address:

1912 HAMILTON STREET
SUITE 201
JACKSONVILLE, FL 32210

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHILL, R. SCOTT D
1912 HAMILTON STREET, STE 201
JACKSONVILLE, FL 32210 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:	BANCROFT, JOSIAH W III	
Address:	1912 HAMILTON STREET, STE 201	
City-St-Zip:	JACKSONVILLE, FL 32210	
Title:	MGRM	( ) Delete
Name:	BREAM, PETER	
Address:	1912 HAMILTON STREET, STE 201	
City-St-Zip:	JACKSONVILLE, FL 32210	
Title:	MGRM	( ) Delete
Name:	DONOHUE, MICHAEL T	
Address:	1912 HAMILTON STREET, STE 201	
City-St-Zip:	JACKSONVILLE, FL 32210	
Title:	MGRM	( ) Delete
Name:	DUNN, JOSEPH L JR	
Address:	1912 HAMILTON STREET, STE 201	
City-St-Zip:	JACKSONVILLE, FL 32210	
Title:	MGRM	( ) Delete
Name:	FREEMAN, MARC H	
Address:	1912 HAMILTON STREET, STE 201	
City-St-Zip:	JACKSONVILLE, FL 32210	
Title:	MGRM	( ) Delete
Name:	GIFFORD, ROGER D	
Address:	1912 HAMILTON STREET, STE 201	
City-St-Zip:	JACKSONVILLE, FL 32210	

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:	
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: JOSIAH BANCROFT III, M.D. MRRM 03/26/2008

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