

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000104846

FILED
Apr 27, 2009
Secretary of State

Entity Name: ATLANTIC RADIOLOGY CONSULTANTS, LLC

Current Principal Place of Business:

1912 HAMILTON STREET
SUITE 201
JACKSONVILLE, FL 32210

New Principal Place of Business:

9659 CASTLE WAY DRIVE
WINDERMERE, FL 34786

Current Mailing Address:

1912 HAMILTON STREET
SUITE 201
JACKSONVILLE, FL 32210

New Mailing Address:

9659 CASTLE WAY DRIVE
WINDERMERE, FL 34786

FEI Number: 26-1395387

FEI Number Applied For ()

FEI Number Not Applicable ()

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:

SHILL, R. SCOTT D
9659 CASTLE WAY DRIVE
WINDERMERE, FL 34786 US

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:

04/27/2009

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 (X) Delete
Name: BREAN, PETER
Address: 1912 HAMILTON STREET, STE 201
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGRM (X) Delete
Name: DONOHUE, MICHAEL T
Address: 1912 HAMILTON STREET, STE 201
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGRM (X) Delete
Name: DUNN, JOSEPH L JR
Address: 1912 HAMILTON STREET, STE 201
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGRM (X) Delete
Name: FREEMAN, MARC H
Address: 1912 HAMILTON STREET, STE 201
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGRM (X) Delete
Name: GIFFORD, ROGER D
Address: 1912 HAMILTON STREET, STE 201
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BANCROFT, JOSIAH W III
Address: 9659 CASTLE WAY DRIVE
City-St-Zip: WINDERMERE, FL 34786

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

MGRM

04/27/2009

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