

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000125549

FILED
Apr 28, 2009
Secretary of State

Entity Name: PINNACLE RADIOLOGY LLC

Current Principal Place of Business:

330 FIFTH AVE
INDIALANTIC, FL 32903

New Principal Place of Business:

Current Mailing Address:

330 FIFTH AVE
INDIALANTIC, FL 32903

New Mailing Address:

FEI Number: 26-1596743

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILLEREN, DAVID J M.D.
330 FIFTH AVE
INDIALANTIC, FL 32903 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: HILLEREN, DAVID J M.D.
Address: 330 FIFTH AVE
City-St-Zip: INDIALANTIC, FL 32903

Title: MGRM () Delete
Name: BERGAU, DIANE M.D.
Address: 330 FIFTH AVE
City-St-Zip: INDIALANTIC, FL 32903

Title: MGRM () Delete
Name: GORDON, DOUGLAS M.D.
Address: 330 FIFTH AVE
City-St-Zip: INDIALANTIC, FL 32903

Title: MGRM () Delete
Name: HAZLETT, KENNETH M.D.
Address: 330 FIFTH AVE
City-St-Zip: INDIALANTIC, FL 32903

Title: MGRM () Delete
Name: FORREST, DANIEL D.O.
Address: 330 FIFTH AVE
City-St-Zip: INDIALANTIC, FL 32903

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:

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: DR. DAVID J. JILLEREN

MGRM

04/28/2009

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