

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000125549

FILED
Apr 27, 2012
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
Name: HILLEREN, DAVID J M.D.
Address: 330 FIFTH AVE
City-St-Zip: INDIALANTIC, FL 32903

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

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

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

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

Title: MGRM
Name: HATTAWAY, AARON M.D.
Address: 330 FIFTH AVE
City-St-Zip: INDIALANTIC, FL 32903

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: DAVID J HILLEREN

MGRM

04/27/2012

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