

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000075654

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

**Entity Name:** GRIFFEN NEURORADIOLOGY, PLLC

**Current Principal Place of Business:**

4144 NW 34TH TERRACE  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

175 1ST ST. SOUTH STE 1502  
ST PETERSBURG, FL 33701

**Current Mailing Address:**

4144 NW 34TH TERRACE  
GAINESVILLE, FL 32605

**New Mailing Address:**

175 1ST ST. SOUTH STE 1502  
ST PETERSBURG, FL 33701

**FEI Number:** 27-0710164

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GRIFFEN, MARY  
4144 NW 34TH TERRACE  
GAINESVILLE, FL 32605 US

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

GRIFFEN, MARY  
175 1ST ST. SOUTH STE 1502  
ST PETERSBURG, FL 33701 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: \_\_\_\_\_

03/05/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: GRIFFEN, MARY  
Address: 175 1ST ST. SOUTH STE 1502  
City-St-Zip: ST PETERSBURG, FL 33701

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: MARY GRIFFEN

DR.

03/05/2010

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