

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000039577

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** INTERVENTIONAL RADIOLOGY CONSULTANTS, LLC

**Current Principal Place of Business:**

1717 NORTH "E" STREET, SUITE 423  
PENSACOLA, FL 32501

**New Principal Place of Business:**

1717 NORTH E STREET  
SUITE 423  
PENSACOLA, FL 32501

**Current Mailing Address:**

PO BOX 17549  
PENSACOLA, FL 32522

**New Mailing Address:**

**FEI Number:** 27-2313181

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BAEHR, JOHN J DR  
1717 NORTH "E" STREET, SUITE 423  
PENSACOLA, FL 32501 US

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

BAEHR, JOHN J DR  
1717 NORTH E STREET  
SUITE 423  
PENSACOLA, FL 32501 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:

04/28/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGMR  
Name: RADIOLOGY ASSOCIATES OF PENSACOLA, PA  
Address: 1717 NORTH  
City-St-Zip: PENSACOLA, FL 32501

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: JOHN J. BAEHR, III

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04/28/2011

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