

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000105207

FILED
Jun 13, 2011
Secretary of State

Entity Name: SUNSHINE INTERVENTIONAL RADIOLOGY PHYSICIANS, LLC

Current Principal Place of Business:

4151 SUN N LAKE BLVD
SEBRING, FL 33872

New Principal Place of Business:

Current Mailing Address:

4151 SUN N LAKE BLVD
SEBRING, FL 33872

New Mailing Address:

529 E. CENTRAL AVENUE
WINTER HAVEN, FL 33880

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COVE, ROBERTA
529 E. CENTRAL STREET
WINTER HAVEN, FL 33880 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: RIPPE, DAVID J MD
Address: 4249 RUSTIC PINE PLACE
City-St-Zip: WESELY CHAPEL, FL 33544

Title: MGRM
Name: PRATI, RONALD MD
Address: 220 MCCLEAN POINTE WEST
City-St-Zip: WINTERH AVEN, FL 33884

Title: MGRM
Name: BENNIE, ALAN MD
Address: 2462 LINKWOOD AVENUE
City-St-Zip: CLERMONT, FL 34711

Title: MGRM
Name: COVE, ROBERTA
Address: 2004 CROSSROADS BLVD
City-St-Zip: WINTER HAVEN, FL 33881

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: ROBERTA COVE

MGMR

06/13/2011

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