

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000118829

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** COLORADO OUTPATIENT RADIOLOGY SERVICES, LLC

**Current Principal Place of Business:**

1471 CADES BAY AVENUE  
JUPITER, FL 33458

**New Principal Place of Business:**

**Current Mailing Address:**

1471 CADES BAY AVENUE  
JUPITER, FL 33458

**New Mailing Address:**

**FEI Number:** 61-1629797

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCROGGINS, H. STACY  
C/O SURGICAL DEVELOPMENT,  
1471 CADES BAY AVENUE  
JUPITER, FL 33458 US

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

SCROGGINS, H. STACY  
1471 CADES BAY AVENUE  
JUPITER, FL 33458 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:

01/05/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: FLUOROSCOPY OUTPATIENT SERVICES, LLC  
Address: 1471 CADES BAY AVENUE  
City-St-Zip: JUPITER, FL 33458

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: H. STACY SCROGGINS

MGR

01/05/2011

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