

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000130073

**FILED**  
**Jan 11, 2012**  
**Secretary of State**

**Entity Name:** NORTHEAST 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:**

18784 SE JUPITER RIVER DRIVE  
JUPITER, FL 33458

**FEI Number:** 32-0327862

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCROGGINS, H. STACY  
1471 CADES BAY AVENUE  
JUPITER, FL 33458 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:** FLUOROSCOPY OUTPATIENT SERVICES, INC.  
**Address:** 1471 CADES BAY AVENUE  
**City-St-Zip:** JUPITER, FL 33458

**Title:** MGR  
**Name:** SCROGGINS, DONNA  
**Address:** 1471 CADES BAY AVENUE  
**City-St-Zip:** JUPITER, FL 33458 US

**Title:** MGR  
**Name:** SCROGGINS, H. STACY  
**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:** DONNA SCROGGINS

MGR

01/11/2012

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