

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000002710

Entity Name: ALR IMAGING, LLC

FILED
Jan 19, 2009
Secretary of State

Current Principal Place of Business:

3301 ALUMNI DRIVE
TAMPA, FL 33612

New Principal Place of Business:

3301 USF ALUMNI DRIVE
TAMPA, FL 33612

Current Mailing Address:

3301 ALUMNI DRIVE
TAMPA, FL 33612

New Mailing Address:

3301 USF ALUMNI DRIVE
TAMPA, FL 33612

FEI Number: 59-3570040

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BEYER, DAVID A
C/O DLA PIPER US LLP
100 NORTH TAMPA STREET, SUITE 2200
TAMPA, FL 33602 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 () Delete
Name: ARRINGTON, JOHN A M.D.
Address: 3301 ALUMNI DRIVE
City-St-Zip: TAMPA, FL 33612

Title: MGRM () Delete
Name: SILBINGER, MARTIN L M.D.
Address: 3301 ALUMNI DRIVE
City-St-Zip: TAMPA, FL 33612

Title: MGRM () Delete
Name: MURTAGH, F. REED M.D.
Address: 3301 ALUMNI DRIVE
City-St-Zip: TAMPA, FL 33612

Title: MGRM () Delete
Name: STALLWORTH, DEXTER G MD
Address: 3301 ALUMNI DR
City-St-Zip: TAMPA, FL 33612

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ARRINGTON, JOHN A M.D.
Address: 3301 USF ALUMNI DRIVE
City-St-Zip: TAMPA, FL 33612

Title: MGRM (X) Change () Addition
Name: SILBINGER, MARTIN L M.D.
Address: 3301 USF ALUMNI DRIVE
City-St-Zip: TAMPA, FL 33612

Title: MGRM (X) Change () Addition
Name: MURTAGH, F. REED M.D.
Address: 3301 USF ALUMNI DRIVE
City-St-Zip: TAMPA, FL 33612

Title: MGRM (X) Change () Addition
Name: STALLWORTH, DEXTER G MD
Address: 3301 USF ALUMNI DR
City-St-Zip: TAMPA, FL 33612

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 A ARRINGTON, M.D.

MGRM

01/19/2009

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