

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000003956

FILED
Jan 27, 2011
Secretary of State

Entity Name: DIAGNOSTIC SPECIALISTS, L.L.C.

Current Principal Place of Business:

5151 NORTH 9TH AVE.
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

5149 NORTH 9TH AVENUE
SUITE 122
PENSACOLA, FL 32504

New Mailing Address:

FEI Number: 59-3583319

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARMER, CHARLES E
5149 NORTH 9TH AVENUE
SUITE 122
PENSACOLA, FL 32504 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: FARMER, CHARLES E MD
Address: 5149 NORTH 9TH AVENUE, SUITE 122
City-St-Zip: PENSACOLA, FL 32504

Title: MGRM
Name: MAYFIELD, CHARLES A MD
Address: 5149 NORTH 9TH AVENUE, SUITE 122
City-St-Zip: PENSACOLA, FL 32504

Title: MGRM
Name: BENSON, ELIZABETH W MD
Address: 5149 NORTH 9TH AVE, SUITE 122
City-St-Zip: PENSACOLA, FL 32504

Title: MGRM
Name: THOMAS, JAMES R MD
Address: 5149 NORTH 9TH AVE, SUITE 122
City-St-Zip: PENSACOLA, FL 32504

Title: MGRM
Name: NGUYEN, CHI K MD
Address: 5149 NORTH 9TH AVENUE, SUITE 122
City-St-Zip: PENSACOLA, FL 32504

Title: MGRM
Name: HILLIARD, NICHOLAUS J MD
Address: 5149 NORTH 9TH AVENUE, SUITE 122
City-St-Zip: PENSACOLA, FL 32504

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: CHARLES E. FARMER

MGRM

01/27/2011

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