

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000001662

Entity Name: PIN POINT RADIOLOGY, LLC

FILED
Apr 29, 2010
Secretary of State

Current Principal Place of Business:

1412 W. MAGNOLIA, #100
FORT WORTH, TX 76104

New Principal Place of Business:

2850 19TH STREET SOUTH, SUITE 350
HOMEWOOD, AL 35209

Current Mailing Address:

1412 W. MAGNOLIA, #100
FORT WORTH, TX 76104

New Mailing Address:

2850 19TH STREET SOUTH, SUITE 350
HOMEWOOD, AL 35209

FEI Number: 20-2714392

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 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: PRES
Name: HAMBURG, BILL
Address: 2850 19TH STREET SOUTH, SUITE 350
City-St-Zip: HOMEWOOD, AL 35209

Title: TREA
Name: BOX, MATT
Address: 2850 19TH STREET SOUTH, SUITE 350
City-St-Zip: HOMEWOOD, AL 35209

Title: SECR
Name: REICH, CAROLINE
Address: 2850 19TH STREET SOUTH, SUITE 350
City-St-Zip: HOMEWOOD, AL 35209

Title: ASTR
Name: SMITH, CHRIS
Address: 2850 19TH STREET SOUTH
City-St-Zip: HOMEWOOD, AL 35209

Title: ASSC
Name: DEVINE, DEE
Address: 2850 19TH STREET SOUTH, SUITE 350
City-St-Zip: HOMEWOOD, AL 35209

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: CHRIS SMITH

ASTR

04/29/2010

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