

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000001662

Entity Name: PIN POINT RADIOLOGY, LLC

FILED
Apr 14, 2011
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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: P
Name: KIRKER, JAMES K
Address: 2850 19TH STREET SOUTH, SUITE 350
City-St-Zip: HOMEWOOD, AL 35209

Title: VP
Name: PHILLIPS, DENNIS
Address: 2850 19TH STREET SOUTH, SUITE 350
City-St-Zip: HOMEWOOD, AL 35209

Title: T
Name: DICKERSON, RONALD P
Address: 2850 19TH STREET SOUTH, SUITE 350
City-St-Zip: HOMEWOOD, AL 35209

Title: S
Name: DEVINE, DEE R
Address: 2850 19TH STREET SOUTH
City-St-Zip: HOMEWOOD, AL 35209

Title: AT
Name: SMITH, CHRISTOPHER
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: DEE R. DEVINE

S

04/14/2011

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