

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000001021

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** NIGHTHAWK RADIOLOGY SERVICES, LLC

**Current Principal Place of Business:**

4900 N SCOTTSDALE ROAD  
SUITE 6000  
SCOTTSDALE, AZ 85251

**New Principal Place of Business:**

11995 SINGLETREE LANE  
SUITE 500  
EDEN PRAIRIE, MN 55344

**Current Mailing Address:**

601 FRONT AVENUE  
SUITE 400  
COEUR D'ALENE, ID 83814

**New Mailing Address:**

11995 SINGLETREE LANE  
SUITE 500  
EDEN PRAIRIE, MN 55344

**FEI Number:** 82-0533106

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: NIGHTHAWK RADIOLOGY HOLDINGS, INC.  
Address: 11995 SINGLETREE LANE, STE. 500  
City-St-Zip: EDEN PRAIRIE, MN 55344

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: MIKE KOLAR

SEC.

04/29/2011

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