

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000002810

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Entity Name:** RADIOLOGY ASSOCIATES OF CENTRAL FLORIDA, P.L.

**Current Principal Place of Business:**

801 E. DIXIE AVENUE, SUITE 104  
LEESBURG, FL 34748

**New Principal Place of Business:**

**Current Mailing Address:**

801 E. DIXIE AVENUE, SUITE 104  
LEESBURG, FL 34748

**New Mailing Address:**

P.O. BOX 491633  
LEESBURG, FL 347491633

**FEI Number:** 59-3635297

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

KELLER, CATHERINE E M.D.  
801 E. DIXIE AVENUE, SUITE 104  
LEESBURG, FL 34748 US

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

KELLER, CATHRINE E M.D.  
801 E. DIXIE AVENUE, SUITE 104  
LEESBURG, FL 34748 US

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: CATHRINE E KELLER, MD

02/16/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: KELLER, CATHRINE E MD  
Address: 801 E DIXIE AVE., #104  
City-St-Zip: LEESBURG, FL 34748

Title: MGR  
Name: KAINZ, GEORGE K MD  
Address: 801 E DIXIE AVE., #104  
City-St-Zip: LEESBURG, FL 34748

Title: MGR  
Name: YOSKIN, MAURICE P MD  
Address: 801 E DIXIE AVE., #104  
City-St-Zip: LEESBURG, FL 34748

Title: MGR  
Name: PAYMANI, MAHRAD MD  
Address: 801 E DIXIE AVE., #104  
City-St-Zip: LEESBURG, FL 34748

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: CATHRINE E KELLER, MD

MGR

02/16/2010

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