

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000016991

**Entity Name:** MENDEZ RADIOLOGY, P.L.

**FILED**  
**Feb 23, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1853 BANKS ROAD  
MARGATE, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

1853 BANKS ROAD  
MARGATE, FL 33063

**New Mailing Address:**

**FEI Number:** 20-0810529

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HUME, JOHN ESQ  
1401 UNIVERSITY DR, #402  
CORAL SPRINGS, FL 33071 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: MENDEZ, GASTON JR  
Address: 10010 NW 45TH ST  
City-St-Zip: CORAL SPRINGS, FL 33065

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: GASTON MENDEZ, JR.

MR.

02/23/2010

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