

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000100279

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** ORANGE BLOSSOM GARDENS RADIOLOGY II, LLC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 27-3541211

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SCHICK, DAVID L ESQ.  
301 E. PINE STREET  
SUITE 1400  
ORLANDO, FL 32801 US

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

SCHICK, DAVID L ESQ.  
200 SOUTH ORANGE AVENUE  
SUITE 2300  
ORLANDO, FL 32801 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:

Electronic Signature of Registered Agent

04/19/2011

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: KELLER, CATHRINE E MD  
Address: 801 E. DIXIE AVENUE; SUITE 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

04/19/2011

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