

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000038342

**Entity Name:** CLEVELAND RADIOLOGY CENTER INC.

**Current Principal Place of Business:**

12995 S. CLEVELAND AVE. #182  
FORT MYERS, FL 33907

**Current Mailing Address:**

12995 S. CLEVELAND AVE. #182  
FORT MYERS, FL 33907 US

**FEI Number:** 27-2501912

**Certificate of Status Desired:** No

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

MARIN, MARLENE  
12995 S. CLEVELAND AVE. #182  
FORT MYERS, FL 33907 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

Date

**Officer/Director Detail :**

Title P  
Name MARIN, MARLENE  
Address 12995 S. CLEVELAND AVE. #182  
City-State-Zip: FORT MYERS FL 33907

Title VP  
Name PEREZ, FRANCISCO  
Address 12995 S. CLEVELAND AVE. #182  
City-State-Zip: FORT MYERS FL 33907

Title M  
Name FONSECA, MARIO  
Address 12995 S. CLEVELAND AVE. #182  
City-State-Zip: FORT MYERS FL 33907

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARLENE MARIN

**PRESIDENT**

**04/28/2014**

Electronic Signature of Signing Officer/Director Detail

Date