

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000081478

**Entity Name:** LIGHTHOUSE RADIOLOGY, INC.

**Current Principal Place of Business:**

648 NW 21 STREET  
WILTON MANORS, FL 33311

**Current Mailing Address:**

648 NW 21 STREET  
WILTON MANORS, FL 33311

**FEI Number: 27-3623799**

**Certificate of Status Desired: No**

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

MCEWEN, VICTORIA  
648 NW 21 STREET  
WILTON MANORS, FL 33311 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            D  
Name            MCEWEN, VICTORIA  
Address        648 NW 21 STREET  
City-State-Zip: WILTON MANORS FL 33311

*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: VICTORIA MCEWEN**

**PRESIDENT**

**01/10/2015**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date