

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000035517

Entity Name: LAKEWOOD RANCH IMAGING CENTER, L.L.C.

Current Principal Place of Business:

367 SOUTH GULPH RD.
KING OF PRUSSIA, PA 19406

Current Mailing Address:

367 SOUTH GULPH RD.
KING OF PRUSSIA, PA 19406 US

FEI Number: 42-1605939

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Authorized Person(s) Detail :

Title MGRM
Name WELLINGTON REGIONAL MEDICAL
CENTER, INC.
Address 367 SOUTH GULPH RD
City-State-Zip: KING OF PRUSSIA PA 19406

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GEORGE H. BRUNNER, JR.

**SECRETARY OF SOLE
MEMBER**

02/27/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date