

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000028949

**Entity Name:** ANDERSON RADIOLOGY, L.L.C.

**Current Principal Place of Business:**

1353 74TH CIRCLE NE  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

1353 74TH CIRCLE NE  
ST. PETERSBURG, FL 33702

**FEI Number:** 51-0629794

**Certificate of Status Desired:** Yes

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

ANDERSON, STEPHEN CM.D.  
1353 74TH CIRCLE NE  
ST. PETERSBURG, FL 33702 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 MGR  
Name ANDERSON, STEPHEN CM.D.  
Address 1353 74TH CIRCLE NE  
City-State-Zip: ST. PETERSBURG FL 33702

*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:** STEPHEN C. ANDERSON M.D

MGR

03/06/2019

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date