

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000061144

**Entity Name:** U.S. RADIOLOGY OF FLORIDA LLC

**Current Principal Place of Business:**

1870 N. CORPORATE LAKES BLVD.  
# 268686  
WESTON, FL 33326

**Current Mailing Address:**

1870 N. CORPORATE LAKES BLVD.  
# 268686  
WESTON, FL 33326 US

**FEI Number:** 46-2690394

**Certificate of Status Desired:** No

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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 CABRERA, MIGUEL  
Address 1870 N. CORPORATE LAKES BLVD.  
# 268686  
City-State-Zip: WESTON FL 33326

Title S  
Name CABRERA, DONNA  
Address 1870 N. CORPORATE LAKES BLVD.  
# 268686  
City-State-Zip: WESTON FL 33326

*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:** MIGUEL CABRERA

**MGR**

**03/03/2015**

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

\_\_\_\_\_  
Date