

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000089861

Entity Name: VERO RADIOLOGY ASSOCIATES, LLC**Current Principal Place of Business:**3725 11TH CIRCLE
VERO BEACH, FL 32960**Current Mailing Address:**1000 36TH STREET
VERO BEACH, FL 32960 US**FEI Number:** 59-2755370**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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:** MADONNA CUDDIHY, ASSISTANT SECRETARY

04/30/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name ROSENCRANCE, J. GREGORY MD
FACP
Address 1000 36TH STREET
City-State-Zip: VERO BEACH FL 32960

Title ASSISTANT TREASURER
Name LONGVILLE, TIMOTHY
Address 1000 36TH STREET
City-State-Zip: VERO BEACH FL 32960

Title AUTHORIZED MEMBER
Name INDIAN RIVER MEMORIAL HOSPITAL
INC
Address 1000 36TH STREET
City-State-Zip: VERO BEACH FL 32960

Title TREASURER
Name GLASS, STEVEN C.
Address 1000 36TH STREET
City-State-Zip: VERO BEACH FL 32960

Title CFO
Name FULLER, WARREN
Address 1000 36TH STREET
City-State-Zip: VERO BEACH FL 32960

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: WARREN FULLER

CFO

04/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date