

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000178356

**Entity Name:** RADIOLOGY REGIONAL CENTER PROFESSIONAL SERVICES, LLC

**FILED**  
**Mar 04, 2015**  
**Secretary of State**  
**CC2839009970**

**Current Principal Place of Business:**

3660 BROADWAY  
FORT MYERS, FL 33901

**Current Mailing Address:**

3660 BROADWAY  
FORT MYERS, FL 33901

**FEI Number: 47-2368695**

**Certificate of Status Desired: No**

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

REID, BRADLEY C  
3660 BROADWAY  
FORT MYERS, FL 33901 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           SOLE MEMBER  
Name           CARRON, MICHAEL J DR.  
Address        3660 BROADWAY  
City-State-Zip: FORT MYERS FL 33901

*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: MICHAEL J. CARRON**

**SOLE MEMBER**

**03/04/2015**

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

\_\_\_\_\_  
Date