

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000080457

**Entity Name:** HATCH RADIOLOGY, LLC

**Current Principal Place of Business:**

1405 N. HALIFAX AVE  
DAYTONA BEACH, FL 32118

**Current Mailing Address:**

PO BOX 1776  
ORMOND BEACH, FL 32175

**FEI Number:** 47-3961184

**Certificate of Status Desired:** No

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

HATCH, PARLYN D  
1405 N. HALIFAX AVE  
DAYTONA BEACH, FL 32118 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 HATCH, PARLYN D  
Address 1405 N. HALIFAX AVE  
City-State-Zip: DAYTONA BEACH FL 32118

*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:** PARLYN D. HATCH, MD

**OWNER/MANAGER**

**05/03/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date