

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000005036

**FILED**  
**Apr 29, 2014**  
**Secretary of State**  
**CC4501633853**

**Entity Name:** VIRTUAL RADIOLOGIC PROFESSIONALS, LLC

**Current Principal Place of Business:**

11995 SINGLETREE LANE  
SUITE 500  
EDEN PRAIRIE, MN 55344

**Current Mailing Address:**

11995 SINGLETREE LANE  
SUITE 500  
EDEN PRAIRIE, MN 55344

**FEI Number:** 41-2007905

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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        PRESIDENT, TREASURER,  
              DIRECTOR, MEDICAL DIRECTOR  
Name        STRONG, BENJAMIN MD  
Address     11995 SINGLETREE LANE  
              SUITE 500  
City-State-Zip: EDEN PRAIRIE MN 55344

Title        SECRETARY  
Name        KOLAR, MICHAEL J  
Address     11995 SINGLETREE LANE  
              SUITE 500  
City-State-Zip: EDEN PRAIRIE MN 55344

Title        MEDICAL DIRECTOR  
Name        MONTECALVO, RAYMOND MD  
Address     11995 SINGLETREE LANE  
              SUITE 500  
City-State-Zip: EDEN PRAIRIE MN 55344

Title        MEDICAL DIRECTOR  
Name        SHAH, SAMIR MD  
Address     11995 SINGLETREE LANE  
              SUITE 500  
City-State-Zip: EDEN PRAIRIE MN 55344

*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 KOLAR

**SECRETARY**

**04/29/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date