

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000005036

**FILED**  
**Apr 26, 2019**  
**Secretary of State**  
**1344992808CC**

**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:**

COGENCY GLOBAL INC.  
115 NORTH CALHOUN ST.  
SUITE 4  
TALLAHASSEE, FL 32301 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 SECRETARY  
Name CHECK, RYAN  
Address 11995 SINGLETREE LANE  
SUITE 500  
City-State-Zip: EDEN PRAIRIE MN 55344

Title MEDICAL DIRECTOR  
Name STRONG, BENJAMIN M.D.  
Address 11995 SINGLETREE LANE  
SUITE 500  
City-State-Zip: EDEN PRAIRIE MN 55344

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

Title MEDICAL DIRECTOR  
Name SUSSMAN, ARLENE M.D.  
Address 11995 SINGLETREE LANE  
SUITE 500  
City-State-Zip: EDEN PRAIRIE MN 55344

Title MEDICAL DIRECTOR  
Name GEATRAKAS, CHRISTINA M.D.  
Address 11995 SINGLETREE LANE  
SUITE 500  
City-State-Zip: EDEN PRAIRIE MN 55344

Title MEDICAL DIRECTOR  
Name CALLAWAY, EDWARD M.D.  
Address 11995 SINGLETREE LANE  
SUITE 500  
City-State-Zip: EDEN PRAIRIE MN 55344

Title MEDICAL DIRECTOR  
Name KIM, SHWAN M.D.  
Address 11995 SINGLETREE LANE  
SUITE 500  
City-State-Zip: EDEN PRAIRIE MN 55344

Title PRESIDENT/TREASURER/DIRECTOR  
Name STRONG, BENJAMIN M.D.  
Address 11995 SINGLETREE LANE  
SUITE 500  
City-State-Zip: EDEN PRAIRIE MN 55344

**Continues on page 2**

*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:** RYAN CHECK

**SECRETARY**

**04/26/2019**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title (50% OWNER)  
Name MONTECALVO, RAYMOND M.D.  
Address 11995 SINGLETREE LANE  
SUITE 500  
City-State-Zip: EDEN PRAIRIE MN 55344

Title (50% OWNER)  
Name STRONG, BENJAMIN M.D.  
Address 11995 SINGLETREE LANE  
SUITE 500  
City-State-Zip: EDEN PRAIRIE MN 55344