

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000005036

FILED
Apr 22, 2016
Secretary of State
CC6416624714

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:

NATIONAL CORPORATE RESEARCH,LTD.,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 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 OWNER, MEDICAL DIRECTOR
Name MONTECALVO, RAYMOND MD
Address 11995 SINGLETREE LANE
 SUITE 500
City-State-Zip: EDEN PRAIRIE MN 55344

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

Title SECRETARY
Name CHECK, RYAN
Address 11995 SINGLETREE LANE
 SUITE 500
City-State-Zip: EDEN PRAIRIE MN 55344

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

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

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

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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: BENJAMIN STRONG, M.D.

PRESIDENT, TREASURER 04/22/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title CFO
Name PITTS, MARK
Address 11995 SINGLETREE LANE
SUITE 500
City-State-Zip: EDEN PRAIRIE MN 55344