

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A03000001211

**Entity Name:** SAND LAKE IMAGING, LLLP

**FILED**  
**Apr 15, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

9350 TURKEY LAKE RD SUITE 100  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

8131 VINELAND RD PMB 408  
ORLANDO, FL 328216847

**New Mailing Address:**

**FEI Number:** 20-0186891

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POSNIAK, ROBERT A M.D.  
5049 LATROBE DRIVE  
WINDERMERE, FL 34787 US

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

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

**GENERAL PARTNER INFORMATION:**

Document #: P03000023892  
Name: OSCEOLA RADIOLOGY ASSOCIATES, P.A.  
Address: 9350 TURKEY LAKE RD SUITE 100  
City-St-Zip: ORLANDO, FL 32819

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information indicated on this 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: OSCEOLA RADIOLOGY ASSOCIATES, P.A.

GP

04/15/2010

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date