

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000002810

FILED
Apr 08, 2011
Secretary of State

Entity Name: RADIOLOGY ASSOCIATES OF CENTRAL FLORIDA, P.L.

Current Principal Place of Business:

801 E. DIXIE AVENUE, SUITE 104
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 491633
LEESBURG, FL 347491633

New Mailing Address:

FEI Number: 59-3635297

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KELLER, CATHRINE E M.D.
801 E. DIXIE AVENUE, SUITE 104
LEESBURG, FL 34748 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

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: KELLER, CATHRINE E MD
Address: 801 E DIXIE AVE., #104
City-St-Zip: LEESBURG, FL 34748

Title: MGR
Name: KAINZ, GEORGE K MD
Address: 801 E DIXIE AVE., #104
City-St-Zip: LEESBURG, FL 34748

Title: MGR
Name: YOSKIN, MAURICE P MD
Address: 801 E DIXIE AVE., #104
City-St-Zip: LEESBURG, FL 34748

Title: MGR
Name: PAYMANI, MAHRAD MD
Address: 801 E DIXIE AVE., #104
City-St-Zip: LEESBURG, FL 34748

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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CATHRINE E KELLER MD

MGR

04/08/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date