

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013423

**FILED**  
**Apr 20, 2007**  
**Secretary of State**

**Entity Name:** WESTCHESTER DIAGNOSTIC RADIOLOGY L.L.C.

**Current Principal Place of Business:**

2500 S.W. 75TH AVE.  
RADIOLOGY DEPARTMENT  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 557249  
MIAMI, FL 332557249

**New Mailing Address:**

**FEI Number:** 65-1119703

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PEREZ, ELIZABETH L  
1643 BRICKELL AVE APT 1001  
MIAMI, FL 33429 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: P ( ) Delete  
Name: PEREZ, M.D., MANUEL  
Address: 1643 BRICKELL AVE APT 1001  
City-St-Zip: MIAMI, FL 33129

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: MANUEL PEREZ MD

P

04/20/2007

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