

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013423

**FILED**  
**Apr 27, 2009**  
**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 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

04/27/2009

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