

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013423

**FILED**  
**Apr 25, 2011**  
**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:**

PEREZ, ELIZABETH L  
1643 BRICKELL AVE APT 1001  
MIAMI, FL 33129 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: ELIZABETH L PEREZ

04/25/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: PEREZ, M.D., MANUEL  
Address: 1643 BRICKELL AVE APT 1001  
City-St-Zip: MIAMI, FL 33129

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: MANUEL PEREZ MD

P

04/25/2011

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