

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013423

**FILED**  
**Jan 20, 2012**  
**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:**

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

**Current Mailing Address:**

P.O. BOX 557249  
MIAMI, FL 332557249

**New Mailing Address:**

1643 BRICKELL AVENUE APT 1001  
MIAMI, FL 33129

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 33129 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  
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

01/20/2012

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