

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000000721

FILED
Jan 15, 2009
Secretary of State

Entity Name: VIERA DIAGNOSTIC CENTER, L.L.C.

Current Principal Place of Business:

7000 SPYGLASS CT
SUITE #260
VIERA, FL 32940

New Principal Place of Business:

Current Mailing Address:

7000 SPYGLASS CT
SUITE #260
VIERA, FL 32940

New Mailing Address:

FEI Number: 27-0042189 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OLOMU, FRANCIS A
1070 STRATFORD PLACE
MELBOURNE, FL 32940 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 () Delete
Name: ARAJ, JEFFREY S
Address: 7575 S. TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

Title: MGR () Delete
Name: OLOMU, FRANCIS A
Address: 1070 STRATFORD PLACE
City-St-Zip: MELBOURNE, FL 32940

Title: MGR () Delete
Name: POWELL, ALLEN O
Address: 134 W STAR LAKE DR
City-St-Zip: HAWTHORNE, FL 32640

ADDITIONS/CHANGES:

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

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

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: FRANCIS A OLOMU MGR 01/15/2009

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