

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000000721

**FILED**  
**Jan 05, 2011**  
**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:**

7000 SPYGLASS CT  
SUITE #160/260  
VIERA, FL 32940

**Current Mailing Address:**

7000 SPYGLASS CT  
SUITE #260  
VIERA, FL 32940

**New Mailing Address:**

7000 SPYGLASS CT  
SUITE #160/260  
VIERA, FL 32940

**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  
Name: ARAJ, JEFFREY S  
Address: 7575 S. TROPICAL TRAIL  
City-St-Zip: MERRITT ISLAND, FL 32952

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

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

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: FRANCIS A OLOMU

MGR

01/05/2011

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