

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000001213

**FILED**  
**Mar 24, 2011**  
**Secretary of State**

**Entity Name:** DORAL IMAGING INSTITUTE, LLC.

**Current Principal Place of Business:**

7775 NW 48 STREET  
SUITE 150  
DORAL, FL 33166 US

**New Principal Place of Business:**

**Current Mailing Address:**

7775 NW 48 STREET  
SUITE 150  
DORAL, FL 33166 US

**New Mailing Address:**

**FEI Number:** 75-3178149

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORRADA, ALBERT CPA  
2655 LEJEUNE ROAD  
SUITE 902  
CORAL GABLES, FL 33134 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:** MGRM  
**Name:** GIL DE MONTES, ALBERTO D SR.  
**Address:** 7775 NW 48 STREET, STE 150  
**City-St-Zip:** DORAL, FL 33166 US

**Title:** MGRM  
**Name:** VIVAR, VIANA E  
**Address:** 7775 NW 48 STREET, STE 150  
**City-St-Zip:** DORAL, FL 33166 US

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:** VIANA VIVAR

MGRM

03/24/2011

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