

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000068910

1. Entity Name
**NEUROLOGICAL AND CARDIOVASCULAR IMAGING
CENTER, L.L.C.**



Principal Place of Business

**3233 SOUTHWEST 33RD ROAD, SUITE 301
OCALA, FL 34474**

Mailing Address

**3233 SOUTHWEST 33RD ROAD, SUITE 301
OCALA, FL 34474**



02012007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0853187

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KRUEGER, SCOTT DAVID
2750 NORTHWEST 43RD STREET, SUITE 201
GAINESVILLE, FL 32606**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

U000000638336
02/27/07-80025-021 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GANESH, ARORA
1716 SW 82ND DR
GAINESVILLE, FL 32607**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Shivani Arora

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/14/07

352-861-4602