

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000068910

FILED
Mar 31, 2010
Secretary of State

Entity Name: NEUROLOGICAL AND CARDIOVASCULAR IMAGING CENTER, L.L.C.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 01-0853187

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRUEGER, SCOTT DAVID
2750 NORTHWEST 43RD STREET, SUITE 201
GAINESVILLE, FL 32606 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: GANESH, ARORA
Address: 1716 SW 82ND DR
City-St-Zip: GAINESVILLE, FL 32607

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: GANESH ARORA

MGR

03/31/2010

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