

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000068910

**FILED**  
**Apr 11, 2012**  
**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

04/11/2012

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