

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000047621

**FILED**  
**Mar 23, 2011**  
**Secretary of State**

**Entity Name:** RADIOLOGICAL INSTITUTE OF THE VILLAGES, L.L.C.

**Current Principal Place of Business:**

11950 COUNTY RD 101  
THE VILLAGES, FL 32162

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 770369  
OCALA, FL 34474

**New Mailing Address:**

**FEI Number:** 86-1083368

**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: MGR  
Name: ARORA, GANESH  
Address: 3233 SOUTHWEST 33RD ROAD, SUITE 301  
City-St-Zip: OCALA, FL 34474

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

03/23/2011

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