

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000049766

FILED  
Apr 29, 2010  
Secretary of State

**Entity Name:** LAKE WALES MEDICAL CARDIAC AND VASCULAR IMAGING CENTER, LLC

**Current Principal Place of Business:**

1255 STATE ROAD 60 EAST  
100  
LAKE WALES, FL 33853

**New Principal Place of Business:**

**Current Mailing Address:**

1255 STATE ROAD 60 EAST  
100  
LAKE WALES, FL 33853

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired (X)**

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

PRESLEY, MICHAEL R ESQ.  
1200 CORPORATE CENTER WAY  
200  
WELLINGTON, FL 33414 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: CHANDRASEKHAR, KOLLAGUNTA S MD  
Address: 1255 STATE ROAD 60 EAST  
City-St-Zip: LAKE WALES, FL 33853

Title: MGRM  
Name: PASS, CAROLYN D MD  
Address: 1255 STATE ROAD 60 EAST  
City-St-Zip: LAKE WALES, FL 33853

Title: MGRM  
Name: FAROUK, BELAL MD  
Address: 1255 STATE ROAD 60 EAST  
City-St-Zip: LAKE WALES, FL 33853

Title: MGRM  
Name: JOHNSON, GARY MD  
Address: 1255 STATE ROAD 60 EAST  
City-St-Zip: LAKE WALES, FL 33853

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: KOLLAGUNTA CHANDRASEKHAR, MD                      MGRM                      04/29/2010

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