

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000065755

**FILED**  
**Jan 27, 2011**  
**Secretary of State**

**Entity Name:** SPECTRUM DIAGNOSTIC IMAGING OF OHIO, LLC

**Current Principal Place of Business:**

4640 RICHMOND ROAD  
100  
WARRENSVILLE HEIGHTS, OH 44128

**New Principal Place of Business:**

2999 NE 191ST STREET  
406  
AVENTURA, FL 33180

**Current Mailing Address:**

2999 N.E. 191ST STREET  
406  
AVENTURA, FL 33180

**New Mailing Address:**

2999 NE 191ST STREET  
406  
AVENTURA, FL 33180

**FEI Number:** 27-0509055

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZHUK, MARK  
2999 N.E. 191ST STREET, SUITE 406  
AVENTURA, FL 33180 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: SELECT MEDICAL GROUP OF OHIO LLC  
Address: 2999 NE 191ST STREET SUITE 406  
City-St-Zip: AVENTURA, FL 33180

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: MARK ZHUK

MM

01/27/2011

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