

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000035482

FILED  
Apr 28, 2011  
Secretary of State

**Entity Name:** CARDIOVASCULAR IMAGING OF NORTH FLORIDA, LLC

**Current Principal Place of Business:**

1151 N.W. 64TH TERRACE  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

**Current Mailing Address:**

1151 N.W. 64TH TERRACE  
GAINESVILLE, FL 32605

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DELL, GEORGE  
4001 W. NEWBERRY ROAD SUITE C2  
GAINESVILLE, FL 32607 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: IMPERI, GERGORY A M.D.  
Address: 1151 N.W. 64TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: MGRM  
Name: KOONS, JAY C M.D.  
Address: 1151 N.W. 64TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: MGRM  
Name: VAN ROY, DANIEL M.D.  
Address: 1151 N.W. 64TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: MGRM  
Name: CAPUTO, CHRISTOPHER P D.O.  
Address: 1151 N.W. 64TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: MGRM  
Name: LEE, ARTHUR C M.D.  
Address: 1151 N.W. 64TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: MGRM  
Name: TULLI, MARK A M.D.  
Address: 1151 N.W. 64TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32605

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: GREG IMPERI

MGMR

04/28/2011

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