

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000040561

**FILED**  
**Mar 14, 2012**  
**Secretary of State**

**Entity Name:** LAKE PLACID DIAGNOSTIC CENTER, LLC

**Current Principal Place of Business:**

3 NORTH MAIN AVENUE  
LAKE PLACID, FL 33852

**New Principal Place of Business:**

**Current Mailing Address:**

3 NORTH MAIN AVENUE  
LAKE PLACID, FL 33852

**New Mailing Address:**

**FEI Number:** 45-1499728

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROBERT E. LIVINGSTON, P.A.  
445 SOUTH COMMERCE AVENUE  
SEBRING, FL 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: CYRIL, SAMUEL  
Address: 3807 ENCHANTED OAKS LANE  
City-St-Zip: SEBRING, FL 33875

Title: MGRM  
Name: CYRIL, LAURIE  
Address: 3807 ENCHANTED OAKS LANE  
City-St-Zip: SEBRING, FL 33875

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: SAMUEL CYRIL

MGR

03/14/2012

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