

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000002145

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** LAKE MEDICAL IMAGING AND BREAST CENTER AT THE VILLAGES, L.L.C.

**Current Principal Place of Business:**

734 NORTH 3RD STREET, SUITE 115  
LEESBURG, FL 34748

**New Principal Place of Business:**

**Current Mailing Address:**

734 NORTH 3RD STREET, SUITE 115  
LEESBURG, FL 34748

**New Mailing Address:**

FEI Number: 59-3522082

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

KELLER, CATHRINE E M.D.  
734 NORTH 3RD STREET, SUITE 115  
LEESBURG, FL 34748 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: KELLER, CATHRINE E MD  
Address: 801 E. DIXIE AVENUE, SUITE 104  
City-St-Zip: LEESBURG, FL 34748

Title: MGR  
Name: PAYMANI, MAHRAD MD  
Address: 801 E. DIXIE AVENUE, SUITE 104  
City-St-Zip: LEESBURG, FL 34748

Title: MGR  
Name: LIU, YI MD  
Address: 801 E. DIXIE AVENUE, SUITE 104  
City-St-Zip: LEESBURG, FL 34748

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: CATHRINE E KELLER MD

MGR

04/30/2012

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