

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000000721

**FILED
Jan 07, 2015
Secretary of State
CC6261552806**

Entity Name: VIERA DIAGNOSTIC CENTER, L.L.C.

Current Principal Place of Business:

7000 SPYGLASS CT
SUITE #160/260
VIERA, FL 32940

Current Mailing Address:

7000 SPYGLASS CT
SUITE #160/260
VIERA, FL 32940

FEI Number: 27-0042189

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OLOMU, FRANCIS A
1070 STRATFORD PLACE
MELBOURNE, FL 32940 US

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

Authorized Person(s) Detail :

Title MGR
Name ARAJ, JEFFREY S
Address 7575 S. TROPICAL TRAIL
City-State-Zip: MERRITT ISLAND FL 32952

Title MGR
Name OLOMU, FRANCIS A
Address 1070 STRATFORD PLACE
City-State-Zip: MELBOURNE FL 32940

Title MGR
Name POWELL, ALLEN O
Address 134 W STAR LAKE DR
City-State-Zip: HAWTHORNE FL 32640

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: FRANCIS OLOMU

MGR

01/07/2015

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date