

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000000721

**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

**OWNER**

**01/07/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date