

**2023 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:** Yes

**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	Title	MGR
Name	OLOMU, FRANCIS A	Name	POWELL, ALLEN O
Address	1070 STRATFORD PLACE	Address	134 W STAR LAKE DR
City-State-Zip:	MELBOURNE FL 32940	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**

**01/24/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date