

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000047621

Entity Name: RADIOLOGICAL INSTITUTE OF THE VILLAGES, L.L.C.

Current Principal Place of Business:

11950 COUNTY RD 101
THE VILLAGES, FL 32162

Current Mailing Address:

PO BOX 773029
OCALA, FL 34474

FEI Number: 86-1083368

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARORA, GANESH D
1716 SW 82 DRIVE
GAINESVILLE, FL 32607 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: GANESH D ARORA

04/16/2013

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name ARORA, GANESH
Address 3233 SOUTHWEST 33RD ROAD,
SUITE 301
City-State-Zip: Ocala FL 34474

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GANESH D ARORA

PRESIDENT

04/16/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date