

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000089861

Entity Name: VERO RADIOLOGY ASSOCIATES, LLC

Current Principal Place of Business:

1000 36TH STREET
VERO BEACH, FL 32960

Current Mailing Address:

1000 36TH STREET
VERO BEACH, FL 32960 US

FEI Number: 59-2755370

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 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: MADONNA CUDDIHY, ASSISTANT SECRETARY

04/29/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MEMBER
Name INDIAN RIVER MEMORIAL HOSPITAL
INC
Address 1000 36TH STREET
City-State-Zip: VERO BEACH FL 32960

Title CHIEF OF OPERATIONS
Name CATO, DAVID
Address 1000 36TH STREET
City-State-Zip: VERO BEACH FL 32960

Title SECRETARY
Name DEL CASTILLO, ESQ. BARBARA
Address 1000 36TH STREET
City-State-Zip: VERO BEACH FL 32960

Title CHIEF ACCOUNTING OFFICER AND
CONTROLLER
Name LONGVILLE, TIMOTHY L.
Address 1000 36TH STREET
City-State-Zip: VERO BEACH FL 32960

Title ASST. SECRETARY
Name OBLANDER, R. JASON
Address 1000 36TH STREET
City-State-Zip: VERO BEACH FL 32960

Title PRESIDENT
Name PETER, DAVID M.D.
Address 1000 36TH STREET
City-State-Zip: VERO BEACH FL 32960

Title CHIEF FINANCIAL OFFICER AND
TREASURER
Name ROCHESTER, DHA,CPA,FACH
CHARMAINE
Address 1000 36TH STREET
City-State-Zip: VERO BEACH FL 32960

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: ESQ. BARBARA DEL CASTILLO

SECRETARY

04/29/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date