

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000009600

**Entity Name:** LCM IMAGING, INC.

**Current Principal Place of Business:**

8300 W. SUNRISE BLVD.  
PLANTATION, FL 33322

**Current Mailing Address:**

8300 W. SUNRISE BLVD.  
PLANTATION, FL 33322 US

**FEI Number: 59-3491669**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LEGALINC CORPORATE SERVICES INC.  
5237 SUMMERLIN COMMONS BLVS STE 400  
FT MYERS, FL 33907 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

**Officer/Director Detail :**

Title CO-PRESIDENT  
Name JOHNSON, KEVIN  
Address 8300 W. SUNRISE BLVD.  
City-State-Zip: PLANTATION FL 33322

Title CO-PRESIDENT  
Name FERNANDES, LEIGH ANNE  
Address 8300 W. SUNRISE BLVD.  
City-State-Zip: PLANTATION FL 33322

Title SECRETARY  
Name CAMERON, MATTHEW  
Address 8300 W. SUNRISE BLVD.  
City-State-Zip: PLANTATION FL 33322

Title ASST. SECRETARY  
Name BONICA, GINA M.  
Address 8300 W. SUNRISE BLVD.  
City-State-Zip: PLANTATION FL 33322

Title CFO, TREASURER  
Name LARKIN, BILL  
Address 8300 W. SUNRISE BLVD.  
City-State-Zip: PLANTATION FL 33322

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MATTHEW CAMERON**

**SECRETARY**

**04/12/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date