

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000001860

**Entity Name:** DEX IMAGING OF MARYLAND, LLC

**Current Principal Place of Business:**

500 STAPLES DRIVE  
FRAMINGHAM, MA 01702

**Current Mailing Address:**

500 STAPLES DRIVE  
FRAMINGHAM, MA 01702 US

**FEI Number:** 34-1976339

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 MEMBER  
Name DEX IMAGING, LLC  
Address 500 STAPLES DRIVE  
City-State-Zip: FRAMINGHAM MA 01702

Title SECRETARY  
Name GONZALEZ, CRISTINA  
Address 500 STAPLES DRIVE  
City-State-Zip: FRAMINGHAM MA 01702

*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:** CRISTINA GONZALEZ

**SECRETARY**

**04/24/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date