

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000035062

**Entity Name:** MEDICAL IMAGING SPECIALISTS, LLC

**Current Principal Place of Business:**

12401 ORANGE DR  
SUITE 127  
DAVIE, FL 33330

**Current Mailing Address:**

12401 ORANGE DR  
SUITE 127  
DAVIE, FL 33330 US

**FEI Number:** 34-2001402

**Certificate of Status Desired:** No

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

CULLEN, JOHN T  
12401 ORANGE DRIVE  
SUITE 127  
DAVIE, FL 33330 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  
Name SIMON, MEGAN  
Address 12401 ORANGE DR, SUITE 127  
City-State-Zip: DAVIE FL 33330

*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:** MEGAN SIMON

**MGR**

**06/27/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date