

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000054772

**Entity Name:** 20/20 IMAGING LLC

**Current Principal Place of Business:**

6950 PHILIPS HWY STE 45  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

6950 PHILIPS HWY STE 45  
JACKSONVILLE, FL 32216 US

**FEI Number:** 26-0221829

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MANAGER	Title	AUTHORIZED REPRESENTATIVE
Name	2020 HEALTHCARE LLC	Name	COOGAN, CLARK
Address	6950 PHILIPS HWY STE 45	Address	6950 PHILIPS HWY STE 45
City-State-Zip:	JACKSONVILLE FL 32216	City-State-Zip:	JACKSONVILLE FL 32216
Title	CPA AGENT		
Name	WILMOTH, KIM MARIE		
Address	2317 BLANDING BLVD. #206		
City-State-Zip:	JACKSONVILLE FL 32210		

*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:** KIM M WILMOTH

CPA AGENT

03/18/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date