

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000107775

Entity Name: DIAGNOSTIC MEDICAL IMAGING, LLC

Current Principal Place of Business:

2170 W 68 ST
101
HIALEAH, FL 33016

Current Mailing Address:

2170 W 68 ST
101
HIALEAH, FL 33016 US

FEI Number: 26-1288029

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MACHADO, DENIS
6517 TAFT STREET
#103
HOLLYWOOD, FL 33024 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 MGRM
Name MACHADO, DENIS
Address 5200 SW 113 AVE
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: DENIS MACHADO

MGRM

04/27/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date