

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000093505

Entity Name: DIAGNOSTIC SOLUTIONS LLC

Current Principal Place of Business:

544 S. BRIDGE CREEK DR.
JACKSONVILLE, FL 32259

Current Mailing Address:

544 S. BRIDGE CREEK DR.
JACKSONVILLE, FL 32259 US

FEI Number: 32-0295065

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PANKEY, KIMBERLY
544 S. BRIDGE CREEK DR.
JACKSONVILLE, FL 33259 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 PANKEY, KIMBERLY
Address 544 S. BRIDGE CREEK DR.
City-State-Zip: JACKSONVILLE FL 33259

Title MGRM
Name PANKEY, STEVE
Address 544 S. BRIDGE CREEK DR.
City-State-Zip: JACKSONVILLE FL 33259

Title MGRM
Name SMITH, ROSANNA
Address 13128 QUINCY BAY DR.
City-State-Zip: JACKSONVILLE FL 32224

Title MGRM
Name SMITH, SAMUEL
Address 13128 QUINCY BAY DR.
City-State-Zip: JACKSONVILLE FL 32224

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: KIMBERLY PANKEY

OWNER

04/01/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date