

**2021 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**

**02/15/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date