

2020 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L10000108200

Entity Name: OMEGA MEDICAL IMAGING, LLC

Current Principal Place of Business:

3400 ST. JOHNS PARKWAY
SUITE 1020
SANFORD, FL 32771

Current Mailing Address:

3400 ST. JOHNS PARKWAY
SUITE 1020
SANFORD, FL 32771 US

FEI Number: 27-3694578

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DENNIS, JULIA D ESQ.
SHUFFIELD, LOWMAN & WILSON, P.A.
1000 LEGION PLACE #1700
ORLANDO, FL 32801 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: JULIA D. DENNIS

03/27/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name VENTURE MANAGEMENT GROUP INC
Address 110 EAST DRIVE
City-State-Zip: MELBOURNE FL 32904

Title AUTHORIZED MEMBER
Name FLEMING, BRIAN
Address 3400 ST. JOHNS PARKWAY
SUITE 1020
City-State-Zip: SANFORD FL 32771

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: BRIAN FLEMING

AUTHORIZED MEMBER

03/27/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date