

**2020 FLORIDA LIMITED LIABILITY COMPANY 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:**

VENTURE MANAGEMENT GROUP, INC  
110 EAST DR  
MELBOURNE, FL 32904 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	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**

**03/26/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date