2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2014
Secretary of State
CC0767651701

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Entity Name: SPINE & BRAIN IMAGING, LLC

Current Principal Place of Business:

7460 DOCS GROVE CIRCLE
ORLANDO, FL 32819

Current Mailing Address:

7460 DOCS GROVE CIRCLE
ORLANDO, FL 32819

FEI Number: 27-4361584

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAZACK, FARAH
9149 SOUTHERN BREEZE DR.
ORLANDO, FL 32836 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	MGR
Name	RAZACK, NIZAM MD
Address	9149 SOUTHERN BREEZE DR.
City-State-Zip:	ORLANDO FL 32836

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: NIZAM RAZACK MGR 02/25/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date