

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000079531

Entity Name: NEUROIMAGING SOLUTIONS, LLC

Current Principal Place of Business:

3064 SW 92ND STREET
GAINESVILLE, FL 32608

Current Mailing Address:

3064 SW 92ND STREET
GAINESVILLE, FL 32608

FEI Number: 46-2906074

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VAILLANCOURT, DAVID
3064 SW 92ND STREET
GAINESVILLE, FL 32608 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 VAILLANCOURT, DAVID
Address 3064 SW 92ND STREET
City-State-Zip: GAINESVILLE FL 32608

Title MGR
Name COOMBES, STEVE
Address 5322 SW 97TH TER
City-State-Zip: GAINESVILLE FL 32608

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: DAVID VAILLANCOURT

MANAGER

01/07/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date