

**2023 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 E VAILLANCOURT**

**MANAGER**

**01/04/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date