

**2022 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	Title	MGR
Name	VAILLANCOURT, DAVID	Name	COOMBES, STEVE
Address	3064 SW 92ND STREET	Address	5322 SW 97TH TER
City-State-Zip:	GAINESVILLE FL 32608	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**

**01/29/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date