

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000085263

Entity Name: NEUROINTERVENTIONAL AND IMAGING SPECIALISTS, LLC

Current Principal Place of Business:

8679 PIPER LN
SEMINOLE, FL 32159

Current Mailing Address:

8679 PIPER LN
SEMINOLE, FL 32159 US

FEI Number: 46-2965103

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KONCHADA, RAVISHANKAR S
8679 PIPER LN
SEMINOLE, FL 32159 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: RAVISHANKAR KONCHADA

03/24/2014

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name KONCHADA, RAVISHANKAR
Address 8679 PIPER LN
City-State-Zip: SEMINOLE FL 32159

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: RAVISHANKAR KONCHADA

03/24/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date