

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000176023

Entity Name: RADIOLOGY PHYSICIAN SOLUTIONS OF FLORIDA, LLC

Current Principal Place of Business:

20 BURTON HILLS BLVD
SUITE 500
NASHVILLE, TN 37215

Current Mailing Address:

20 BURTON HILLS BLVD
SUITE 500
NASHVILLE, TN 37215 US

FEI Number: 46-4377721

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 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: JILLIAN MARCUS

04/19/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title: MANAGER
Name: LAVERTY, JOHN
Address: 20 BURTON HILLS BLVD
SUITE 500
City-State-Zip: NASHVILLE TN 37215

Title: MANAGER
Name: PAVON, RICARDO
Address: 20 BURTON HILLS BLVD
SUITE 500
City-State-Zip: NASHVILLE TN 37215

Title: COO
Name: BAXTER, MD, BRIAN
Address: 20 BURTON HILLS BLVD
SUITE 500
City-State-Zip: NASHVILLE TN 37215

Title: MANAGER
Name: CUFFEE, MICHAEL S
Address: 20 BURTON HILLS BLVD
SUITE 500
City-State-Zip: NASHVILLE TN 37215

Title: MANAGER
Name: BRADY MD, TRICIA
Address: 20 BURTON HILLS BLVD
SUITE 500
City-State-Zip: NASHVILLE TN 37215

Title: MANAGER
Name: PAGE, ROBERT
Address: 20 BURTON HILLS BLVD
SUITE 500
City-State-Zip: NASHVILLE TN 37215

Title: MANAGER
Name: MCCREESH, GLENN
Address: 20 BURTON HILLS BLVD
SUITE 500
City-State-Zip: NASHVILLE TN 37215

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: BRIAN BAXTER, MD

COO

04/19/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date