

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000176023

**Entity Name:** RADIOLOGY PHYSICIAN SOLUTIONS OF FLORIDA, LLC

**FILED**  
**Apr 26, 2017**  
**Secretary of State**  
**CC5902713249**

**Current Principal Place of Business:**

7700 WEST SUNRISE BOULEVARD  
MAILSTOP PL-6  
PLANTATION, FL 33322

**Current Mailing Address:**

7700 WEST SUNRISE BOULEVARD  
MAILSTOP PL-6  
PLANTATION, FL 33322 US

**FEI Number: 46-4377721**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MARCUS, JILLIAN  
1613 N HARRISON PKWY STE 200  
SUNRISE, FL 33323 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

04/26/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title: MANAGER  
Name: HOLDEN, CHRISTOPHER  
Address: 7700 WEST SUNRISE BOULEVARD  
MAILSTOP PL-6  
City-State-Zip: PLANTATION FL 33322

Title: MANAGER  
Name: LAVERTY, JOHN  
Address: 7700 WEST SUNRISE BOULEVARD  
MAILSTOP PL-6  
City-State-Zip: PLANTATION FL 33322

Title: MANAGER  
Name: COWARD, ROBERT  
Address: 7700 WEST SUNRISE BOULEVARD  
MAILSTOP PL-6  
City-State-Zip: PLANTATION FL 33322

Title: MANAGER  
Name: CUFFEE, MICHAEL  
Address: 7700 WEST SUNRISE BOULEVARD  
MAILSTOP PL-6  
City-State-Zip: PLANTATION FL 33322

Title: COO  
Name: WEINSTEIN, CHRIS  
Address: 7700 WEST SUNRISE BOULEVARD  
MAILSTOP PL-6  
City-State-Zip: PLANTATION FL 33322

*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:** ROBERT COWARD

**MANAGER**

04/26/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date