2017 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Oct 09, 2017
Secretary of State
CC8633342105

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Entity Name: RADIOLOGY SERVICES OF JUPITER MEDICAL SPECIALISTS, LLC

Current Principal Place of Business:

7700 WEST SUNRISE BOULEVARD
PLANTATION, FL 33322

Current Mailing Address:

7700 WEST SUNRISE BOULEVARD
PLANTATION, FL 33322 US

FEI Number: 38-3930294

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARCUS, JILLIAN
7700 WEST SUNRISE BOULEVARD
PLANTATION, FL 33322 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 10/09/2017

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	DIRECTOR, PRESIDENT AND CEO	Title	DIRECTOR & CFO
Name	SEELEY, STEVEN	Name	JACKSON, BRIAN
Address	7700 WEST SUNRISE BOULEVARD	Address	7700 WEST SUNRISE BOULEVARD
City-State-Zip:	PLANTATION FL 33322	City-State-Zip:	PLANTATION FL 33322
Title	DIRECTOR	Title	DIRECTOR
Name	WEINSTEIN, CHRISTINE	Name	FOX, LEE
Address	7700 WEST SUNRISE BOULEVARD	Address	7700 WEST SUNRISE BOULEVARD
City-State-Zip:	PLANTATION FL 33322	City-State-Zip:	PLANTATION FL 33322
Title	DIRECTOR	Title	SECRETARY
Name	DYTRYCH, MARTIN	Name	WIETHOLTER, DENICE
Address	7700 WEST SUNRISE BOULEVARD	Address	7700 WEST SUNRISE BOULEVARD
City-State-Zip:	PLANTATION FL 33322	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: BRIAN JACKSON CFO 10/09/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date