Current Mai	ling Address:			
9696 PINES				
PEMBROKE	PINES, FL 33024 US			
FEI Number: 81-1106330			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Age	nt:		
CHAN-A-SUE, I 9696 PINES BL PEMBROKE PI				
The above name	l entity submits this statement for the purpose of cha	anging its registered office or regis	tered agent or both in the State of Flor	ida.
The above named	renity submits this statement for the purpose of the	anging its registered once of regist	tered agent, or both, in the State of Fion	
	BRIAN CHAN-A-SUE		tered agent, or both, in the Glate of Fion	03/23/202
	, , ,	anging its registered once of regist		
SIGNATURE	BRIAN CHAN-A-SUE	anging its registered onice of regis		03/23/202
SIGNATURE	Electronic Signature of Registered Agent	Title	PRESIDENT	03/23/202
SIGNATURE Authorized	EIEctronic Signature of Registered Agent Person(s) Detail :			03/23/202
SIGNATURE Authorized ^{Title} Name	Electronic Signature of Registered Agent Person(s) Detail : COO	Title	PRESIDENT	03/23/202
SIGNATURE Authorized Title Name Address	Electronic Signature of Registered Agent Person(s) Detail : COO CHAN-A-SUE, BRIAN I	Title Name	PRESIDENT CHIN, RICHARD 9696 PINES BLVD.	03/23/202
SIGNATURE Authorized	EIECTRONIC SIGNATURE OF REGISTERED Agent Person(s) Detail : COO CHAN-A-SUE, BRIAN I 163 DOCKSIDE CIRCLE	Title Name Address	PRESIDENT CHIN, RICHARD 9696 PINES BLVD.	03/23/202
SIGNATURE Authorized Title Name Address City-State-Zip: Title	EIECTRONIC SIGNATURE OF REGISTERED Agent EIECTRONIC SIGNATURE OF REGISTERED Agent Person(s) Detail : COO CHAN-A-SUE, BRIAN I 163 DOCKSIDE CIRCLE WESTON FL 33327	Title Name Address City-State-Zip:	PRESIDENT CHIN, RICHARD 9696 PINES BLVD. PEMBROKE PINES FL 33024	03/23/202
SIGNATURE Authorized Title Name Address City-State-Zip:	Electronic Signature of Registered Agent Person(s) Detail : COO CHAN-A-SUE, BRIAN I 163 DOCKSIDE CIRCLE WESTON FL 33327 MGR	Title Name Address City-State-Zip: Title	PRESIDENT CHIN, RICHARD 9696 PINES BLVD. PEMBROKE PINES FL 33024 MGR	03/23/202

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 CHAN-A-SUE

Electronic Signature of Signing Authorized Person(s) Detail

FILED Mar 23, 2021 **Secretary of State** 6520714453CC

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000007682

Entity Name: PINES IMAGING CENTER, LLC

Current Principal Place of Business:

9696 PINES BLVD