

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000127466

**Entity Name:** X-PRESS FLUOROSCOPIC IMAGING SERVICES LLC

**Current Principal Place of Business:**

22633 SW 109TH PATH  
MIAMI, FL 33170

**Current Mailing Address:**

22633 SW 109TH PATH  
MIAMI, FL 33170 US

**FEI Number: 82-1831249**

**Certificate of Status Desired: No**

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

ROJAS, ANDRE  
22633 SW 109TH PATH  
MIAMI, FL 33170 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGR  
Name ROJAS, ANDRE  
Address 22633 SW 109TH PATH  
City-State-Zip: MIAMI FL 33170

*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: ANDRE ROJAS**

**MANAGER**

**04/30/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date