

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000031361

**Entity Name:** MEDIMAGS LLC

**Current Principal Place of Business:**

1853 PEELER ROAD  
STE D  
ATLANTA, GA 30338-5714

**Current Mailing Address:**

1853 PEELER ROAD  
STE D  
ATLANTA, GA 30338-5714 US

**FEI Number:** 87-4447815

**Certificate of Status Desired:** No

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

BRONKEMA, MATTHEW B  
7305 BAY ST  
APT 8  
ST PETE BEACH, FL 33706 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 BRONKEMA, MATTHEW B  
Address 7305 BAY ST APT 8  
City-State-Zip: ST. PETE BEACH FL 33706

Title MGR  
Name AKHAVEIN, GLENN  
Address 5112 CORAL BLVD  
City-State-Zip: BRADENTON FL 34210

Title MGR  
Name WOOD, STEVE  
Address 3950 3RD ST N STE C  
City-State-Zip: ST. PETERSBURG FL 33703

Title MGR  
Name ZABLOTSKY, LILY  
Address 5970 SW 32ND TERRACE  
City-State-Zip: FT. LAUDERDALE FL 33312

*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:** GLENN AKHAVEIN

**MANAGING MEMBER**

**04/15/2024**

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

\_\_\_\_\_  
Date