

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000370491

**FILED**  
**Mar 30, 2024**  
**Secretary of State**  
**9639655833CC**

**Entity Name:** SERENE DIAGNOSTIC IMAGING DORAL LLC

**Current Principal Place of Business:**

2000 NW 87TH AVENUE  
SUITE 205  
DORAL, FL 33172

**Current Mailing Address:**

2000 NW 87TH AVENUE  
SUITE 205  
DORAL, FL 33172 US

**FEI Number:** 88-3886738

**Certificate of Status Desired:** No

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

MEJIA, JAIME H  
2000 NW 87TH AVENUE  
SUITE 205  
DORAL, FL 33172 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:** JAIME MEJIA

03/30/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name MEJIA, JAIME H  
Address 2000 NW 87TH AVENUE SUITE 205  
City-State-Zip: DORAL FL 33172

Title AMBR  
Name GONZALEZ, JAVIER I  
Address 2000 NW 87TH AVENUE SUITE 205  
City-State-Zip: DORAL FL 33172

Title AMBR  
Name GELL, YANIRA  
Address 2000 NW 87TH AVENUE SUITE 205  
City-State-Zip: DORAL FL 33172

Title AMBR  
Name GUANIPA, ANDRES  
Address 2000 NW 87TH AVENUE SUITE 205  
City-State-Zip: DORAL FL 33172

Title AMBR  
Name SANMAR MEDICAL LLC  
Address 2000 NW 87TH AVENUE SUITE 205  
City-State-Zip: DORAL FL 33172

*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:** JAIME MEJIA

AMBR

03/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date