

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000006200

**Entity Name:** PREFERRED DIAGNOSTIC CENTERS, LLC

**Current Principal Place of Business:**

1500 LEHIGH BOULEVARD,  
#F-1  
LEHIGH ACRES, FL 33936

**Current Mailing Address:**

430 WOODRUFF RD., STE 450  
GREENVILLE, SC 29607

**FEI Number:** 58-2330515

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 MELLOTT, MATTHEW  
Address 430 WOODRUFF RD., STE 450  
City-State-Zip: GREENVILLE SC 29607

*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:** MATTHEW MELLOTT

**PRESIDENT**

**04/12/2016**

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

\_\_\_\_\_  
Date