

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000004583

Entity Name: MEDICAL IMAGING SOLUTIONS USA, LLC

Current Principal Place of Business:

229 ARNOLD MILL RD, STE. 100
WOODSTOCK, GA 30188-4145

Current Mailing Address:

229 ARNOLD MILL RD, STE. 100
WOODSTOCK, GA 30188-4145

FEI Number: 46-3086148

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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 MGRM
Name BATES, VIVIAN R
Address 229 ARNOLD MILL RD, STE. 100
City-State-Zip: WOODSTOCK GA 30188-4145

Title MGRM
Name BATES, ARNOLD L
Address 229 ARNOLD MILL RD, STE. 100
City-State-Zip: WOODSTOCK GA 30188-4145

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: VIVIAN BATES

MGRM

04/28/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date