

2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000001429

Entity Name: FLORIDA MEDICAL IMAGING JV, LLC

Current Principal Place of Business:

100 BAYVIEW CIRCLE, SUITE 400
NEWPORT BEACH, CA 92660

Current Mailing Address:

100 BAYVIEW CIRCLE, SUITE 400
NEWPORT BEACH, CA 92660 US

FEI Number: 47-3161221

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
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 MEMBER
Name JOHNS, RICHARD W.
Address 100 BAYVIEW CIRCLE, SUITE 400
City-State-Zip: NEWPORT BEACH CA 92660

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: RICHARD W. JOHNS

MEMBER

04/02/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date