**2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 13, 2025**
**Secretary of State**
**8248417393CC**

DOCUMENT# M16000009428

**Entity Name:** ALLIANCE INTERVENTIONAL-FLORIDA, LLC

**Current Principal Place of Business:**

18201 VON KARMAN AVE,, SUITE 600
IRVINE, CA 92612

**Current Mailing Address:**

18201 VON KARMAN AVE,, SUITE 600
IRVINE, CA 92612 US

**FEI Number: 36-4820708**

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
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: TONY SPAIN 04/13/2025

Electronic Signature of Registered Agent — Date

**Authorized Person(s) Detail :**

| | |
|---|---|
| Title | MANAGING MEMBER |
| Name | ALLIANCE HEALTHCARE SERVICES INC. |
| Address | 18201 VON KARMAN AVE,, SUITE 600 |
| City-State-Zip: | IRVINE CA 92612 |

*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: KRISHNA KUMAR AUTHORIZED SIGNOR 04/13/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date