

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M21000001739

Entity Name: PROSCAN NCH IMAGING, LLC**Current Principal Place of Business:**5400 KENNEDY AVENUE
CINCINNATI, OH 45213**Current Mailing Address:**5400 KENNEDY AVENUE
CINCINNATI, OH 45213 US**FEI Number:** 86-1212843**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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	POMERANZ, MD, STEPHEN J
Address	5400 KENNEDY AVENUE
City-State-Zip:	CINCINNATI OH 45213

Title	MBR
Name	NAPLES COMMUNITY HOSPITAL, INC.
Address	350 7TH STREET NORTH
City-State-Zip:	NAPLES FL 34102

Title	MBR
Name	PROSCAN IMAGING NAPLES, LLC
Address	5400 KENNEDY AVENUE
City-State-Zip:	CINCINNATI OH 45213

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: STEPHEN J. POMERANZ, MD

MANAGER

01/18/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date