

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000035462

**Entity Name:** RADIOLOGY IMAGING NETWORK, INC.

**Current Principal Place of Business:**

20810 WEST DIXIE HIGHWAY  
NORTH MIAMI BEACH, FL 33180

**Current Mailing Address:**

7424 LOS PINOS BLVD  
CORAL GABLES, FL 33143

**FEI Number: 75-3108949**

**Certificate of Status Desired: No**

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

ANDREW, SOCOL  
20810 WEST DIXIE HIGHWAY  
NORTH MIAMI BEACH, FL 33180 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

**Officer/Director Detail :**

Title            D  
Name            ROSSI, PATRICIO  
Address        20810 WEST DIXIE HIGHWAY  
City-State-Zip: NORTH MIAMI BEACH FL 33180

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: PATRICIO ROSSI**

**MGR**

**04/28/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date