

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000003440

**Entity Name:** L & R IMAGING SERVICES, INC.

**Current Principal Place of Business:**

2450 NW 36TH STREET  
8  
POMPANO BEACH, FL 33073

**Current Mailing Address:**

2450 WEST SAMPLE ROAD  
SUITE 8 SUITE 8  
POMPANO BEACH, FL 33073 US

**FEI Number:** 27-1637913

**Certificate of Status Desired:** No

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

SOLEDAD, ROSABEL  
19631 NW 58TH AVENUE  
HIALEAH, FL 33015 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 P  
Name SOLEDAD, ROSABEL  
Address 19631 NW 58TH AVENUE  
City-State-Zip: HIALEAH FL 33015  
  
Title MD  
Name RIVERA, ROBERTO DR.  
Address 2450 NW 36TH STREET  
City-State-Zip: POMPANO BEACH FL 33073

Title MGR  
Name SOLEDAD, ZULEHIVY  
Address 19631 NW 58TH AVENUE  
City-State-Zip: HIALEAH FL 33015  
  
Title PARTNER  
Name SOLEDAD, LUIS E  
Address 2450 NW 36TH STREET  
8  
City-State-Zip: POMPANO BEACH FL 33073

*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:** ROSABEL SOLEDAD

P

04/22/2016

Electronic Signature of Signing Officer/Director Detail

Date