

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000000194

**Entity Name:** DOCTORS IMAGING GROUP, LLC**Current Principal Place of Business:**6685 NW 9TH BLVD  
GAINESVILLE, FL 32605**Current Mailing Address:**6685 NW 9TH BLVD  
GAINESVILLE, FL 32605 US**FEI Number:** 59-3618240**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KIM, JONG H  
6685 NW 9TH BLVD  
GAINESVILLE, FL 32605 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	AUTHORIZED MEMBER
Name	KIM, JONG H
Address	6685 NW 9TH BLVD
City-State-Zip:	GAINESVILLE FL 32605

Title	AUTHORIZED MEMBER
Name	WILLIAMS, WILLIE F
Address	6685 NW 9TH BLVD
City-State-Zip:	GAINESVILLE FL 32605

Title	A, AUTHORIZED MEMBER
Name	MARK, BAKER A
Address	6685 NW 9TH BLVD
City-State-Zip:	GAINESVILLE FL 32605

Title	AUTHORIZED MEMBER
Name	ACOSTA, ANDRES R
Address	6685 NW 9TH BLVD
City-State-Zip:	GAINESVILLE FL 32605

*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:** ANDRES ACOSTA

AUTHORIZED MEMBER

03/03/2020

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date