

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000000194

**FILED
Mar 25, 2016
Secretary of State
CC0775407903**

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

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: WILLIE F WILLIAMS

AUTHORIZED MEMBER

03/25/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date