

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000005484

**Entity Name:** ELITE IMAGING, LLC

**Current Principal Place of Business:**

8300 W SUNRISE BLVD  
W SUNRISE BLVD  
PLANTATION, FL 33322

**Current Mailing Address:**

8300 W SUNRISE BLVD  
W SUNRISE BLVD  
PLANTATION, FL 33322 US

**FEI Number:** 65-1091915

**Certificate of Status Desired:** No

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

TRI-STATE IMAGING FL HOLDINGS, LLC  
8300 W SUNRISE BLVD  
W SUNRISE BLVD  
PLANTATION, FL 33322 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 MGRM  
Name STEWART BAKST, M.D.  
Address 2925 AVENTURA BLVD STE 100  
City-State-Zip: AVENTURA FL 33180

Title EVP & COO  
Name NAVANI, ROHIT KISHIN  
Address 2925 AVENTURE BLVD STE 100  
City-State-Zip: AVENTURA FL 33180

Title DIRECTOR  
Name KASSA, LAURA  
Address 2925 AVENTURA BLVD STE 100  
City-State-Zip: AVENTURA 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 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:** ROHIT NAVANI

**EVP & COO**

**03/07/2016**

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

\_\_\_\_\_  
Date