

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000003841

Entity Name: DIAGNOSTIC IMAGING ASSOCIATES, L.L.C.

Current Principal Place of Business:

8891 SW 62 CT
MIAMI, FL 33156

Current Mailing Address:

4040 S OCEAN BLVD
HIGHLAND BEACH, FL 33487 US

FEI Number: 04-3602329

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THORPE, MICHAEL M.D.
8891 SW 62 CT
MIAMI, FL 33156 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 THORPE, MICHAEL M.D.
Address 8891 SW 62 CT
City-State-Zip: MIAMI FL 33156

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: MICHAEL THORPE

MGR

04/29/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date