

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000003841

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

**Current Principal Place of Business:**

4860 SW 72ND AVENUE  
MIAMI, FL 33155

**Current Mailing Address:**

19410 40TH COURT  
SUNNY ISLES BEACH, FL 33160

**FEI Number:** 04-3602329

**Certificate of Status Desired:** No

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

THORPE, MICHAEL M.D.  
4860 SW 72ND AVENUE  
MIAMI, FL 33155 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 4860 SW 72ND AVENUE  
City-State-Zip: MIAMI FL 33155

*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

MGRM

04/23/2015

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

\_\_\_\_\_  
Date