

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000023260

**Entity Name:** AMERICAN HEALTH IMAGING OF FLORIDA, L.L.C.**Current Principal Place of Business:**2200 CENTURY PARKWAY NE  
SUITE 600  
ATLANTA, GA 30345**Current Mailing Address:**2200 CENTURY PARKWAY NE  
SUITE 600  
ATLANTA, GA 30345 US**FEI Number:** 35-2183436**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COGENCY GLOBAL, INC.  
115 N CALHOUN ST.  
STE 4  
TALLAHASSEE, FL 32301 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:** ERIC HOOD, ASSISTANT SECRETARY

03/07/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	VP, SECRETARY
Name	SZEKER, JULIE
Address	4200 SIX FORKS ROAD SUITE 1000
City-State-Zip:	RALEIGH NC 27609

Title	PRESIDENT
Name	ZULLA, CAITLIN
Address	2200 CENTURY PARKWAYNE SUITE 600
City-State-Zip:	ATLANTA GA 30345

Title	VP, TREASURER
Name	MARTIN, JAMES ANTHONY
Address	2200 CENTURY PARKWAY NE SUITE 600
City-State-Zip:	ATLANTA GA 30345

*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:** JULIE SZEKER

VP, SECRETARY

03/07/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date