

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000023260

Entity Name: AMERICAN HEALTH IMAGING OF FLORIDA, L.L.C.

Current Principal Place of Business:

2510 MICCOSUKEE ROAD,
SUITE 100
TALLAHASSEE, FL 32308-5473

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:

TALLAHASSEE HEALTH IMAGING, LLC
1925 CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308 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 AMERICAN HEALTH IMAGING, INC.
Address 2200 CENTURY PARKWAY NE SUITE 600
City-State-Zip: ATLANTA GA 30345

Title MGR
Name ARANT, SCOTT WOP MGR
Address 1925 CAPITAL CIRCLE NE
City-State-Zip: TALLAHASSEE FL 32308

Title CFO
Name JENKINS, BARRY
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: JOSHUA A RANDOLPH

ACCOUNTING MANAGER 06/08/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date