

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000019697

**Entity Name:** INSTITUTE OF DIAGNOSTIC IMAGING, L.L.C.

**Current Principal Place of Business:**

424 RACETRACK RD NW.  
FORT WALTON BEACH, FL 32547

**Current Mailing Address:**

424 RACETRACK RD NW.  
FORT WALTON BEACH, FL 32547

**FEI Number:** 03-0520275

**Certificate of Status Desired:** No

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

ANCHORS, C. LEDON  
909 MAR WALT DRIVE, SUITE 1014  
FORT WALTON BEACH, FL 32547 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 HAMBLEY, WILLIAM CJR  
Address 424 RACETRACK RD NW.  
City-State-Zip: FORT WALTON BEACH FL 32547

Title MGRM  
Name RIGGS, BARRY F  
Address 424 RACETRACK RD NW.  
City-State-Zip: FORT WALTON BEACH FL 32547

*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:** BARRY F RIGGS, MD

**PRESIDENT/OWNER/MEM 01/09/2017  
BER**

Electronic Signature of Signing Authorized Person(s) Detail

Date