

2015 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: WILLIAM C HAMBLEY, JR., MD

RADIOLOGIST/OWNER

01/12/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date