

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000020421

**Entity Name:** THE MEDICAL IMAGING PROFESSIONALS, LLC

**Current Principal Place of Business:**

1000 WATERMAN WAY  
RM 1409  
TAVARES, FL 32778

**Current Mailing Address:**

1000 WATERMAN WAY  
RM 1409  
TAVARES, FL 32778

**FEI Number:** 35-2227227

**Certificate of Status Desired:** No

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

WITTENSTEIN, FRED SMD  
1000 WATERMAN WAY  
RM 1409  
TAVARES, FL 32778 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 WITTENSTEIN, FRED SM.D.  
Address 220 NEW GATE LOOP  
City-State-Zip: HEATHROW FL 32746

Title MGR  
Name SIEGEL, MARC FM.D.  
Address 701 CLUB RIDGE CT.  
City-State-Zip: LONGWOOD FL 32779

Title MGR  
Name SIMON, JONATHAN MM.D.  
Address 1734 GREY STONE CT.  
City-State-Zip: LONGWOOD FL 32779

Title MGR  
Name KARLINSKY, PAUL RM.D.  
Address 1527 ST. EDMUNDS PLACE  
City-State-Zip: HEATHROW FL 32746

*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:** FRED S WITTENSTEIN

**PRESIDENT**

**01/13/2014**

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

\_\_\_\_\_  
Date