

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000020421

**FILED
Jan 12, 2015
Secretary of State
CC9876849370**

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

01/12/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date