**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Jan 11, 2017**
**Secretary of State**
**CC7285488261**

DOCUMENT# L06000027893

**Entity Name:** FIRST COAST IMAGING, LLC

**Current Principal Place of Business:**

4933 UNIVERSITY BLVD
JACKSONVILLE, FL 32216

**Current Mailing Address:**

4933 UNIVERSITY BLVD
JACKSONVILLE, FL 32216

**FEI Number: 20-4504217**

**Certificate of Status Desired:** No

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

JOHNSON, KEVIN
607 W. MLK BOULEVARD
SUITE 103
TAMPA, FL 33603 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: KEVIN JOHNSON 01/11/2017

Electronic Signature of Registered Agent — Date

**Authorized Person(s) Detail :**

| | | | |
|---|---|---|---|
| Title | MANAGER, AUTHORIZED MEMBER | Title | MANAGER, AUTHORIZED MEMBER |
| Name | JOHNSON, KEVIN | Name | WARD, NATE |
| Address | 4933 UNIVERSITY BLVD | Address | 4933 UNIVERSITY BLVD |
| City-State-Zip: | JACKSONVILLE FL 32216 | City-State-Zip: | JACKSONVILLE FL 32216 |

*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: KEVIN JOHNSON REGISTERED AGENT 01/11/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date