

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000086513

**Entity Name:** SAN REMO BREAST AND M.R.I. CENTER, PLLC**Current Principal Place of Business:**15601 DALLAS PKWY  
SUITE 300  
ADDISON, TX 75001**Current Mailing Address:**15601 DALLAS PKWY  
SUITE 300  
ADDISON, TX 75001 US**FEI Number:** 20-5589716**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:** BRITTANY AUNET, ASSISTANT SECRETARY

02/29/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MEMBER
Name	PARGHI, CHIRAG M.D.
Address	15601 DALLAS PKWY SUITE 300
City-State-Zip:	ADDISON TX 75001

Title	COO
Name	ALEXANDER, BRIAN
Address	15601 DALLAS PKWY SUITE 300
City-State-Zip:	ADDISON TX 75001

Title	CEO, PRESIDENT
Name	DAVIES, GRANT
Address	15601 DALLAS PKWY SUITE 300
City-State-Zip:	ADDISON TX 75001

Title	CFO
Name	TERRA, PAIGE
Address	15601 DALLAS PKWY SUITE 300
City-State-Zip:	ADDISON TX 75001

Title	ANNUAL REPORT SIGNER
Name	CARTER, SHELLY
Address	15601 DALLAS PKWY SUITE 300
City-State-Zip:	ADDISON TX 75001

*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:** SHELLY CARTER**CERTIFIED PARALEGAL**

02/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date