

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000037050

**Entity Name:** MEDICAL ADVANCED GROUP IMAGING CONSULTANTS, PLLC

**Current Principal Place of Business:**

960 NW 4TH CT.  
BOCA RATON, FL 33432

**Current Mailing Address:**

960 NW 4TH COURT  
BOCA RATON, FL 33428 US

**FEI Number: 26-4690705**

**Certificate of Status Desired: No**

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

EIGLES, STEPHEN  
960 NW 4TH CT.  
BOCA RATON, FL 33432 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            CEO  
Name            EIGLES, STEPHEN BMD  
Address        960 NW 4TH CT.  
City-State-Zip: BOCA RATON FL 33432

*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: STEPHEN EIGLES**

**MGR**

**04/21/2015**

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

\_\_\_\_\_  
Date