

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000007493

**Entity Name:** PARTNERS IMAGING CENTER OF VENICE, LLC

**Current Principal Place of Business:**

842 SUNSET LAKE BLVD  
SUITE 301 SUITE 2494  
VENICE, FL 34920

**Current Mailing Address:**

848 N. RAINBOW BLVD.  
SUITE 2494  
LAS VEGAS, NV 89107 US

**FEI Number:** 27-1716825

**Certificate of Status Desired:** Yes

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

REGISTERED AGENTS INC.  
3030 N. ROCKY POINT DRIVE  
STE 150A  
TAMPA, FL 33607 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 MEDICAL IMAGING CORP.  
Address 848 N. RAINBOW BLVD.  
SUITE 2494  
City-State-Zip: LAS VEGAS NV 89107

*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:** MITCHELL GEISLER

CEO

01/09/2017

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

\_\_\_\_\_  
Date