

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000007493

Entity Name: PARTNERS IMAGING CENTER OF VENICE, LLC

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 27-1716825

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HARRELL, DONALD J
1776 RINGLING BLVD.
SARASOTA, FL 34236 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

04/30/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date