

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000010981

Entity Name: DIAGNOSTIC HEALTH SYSTEMS, LLC.

Current Principal Place of Business:

2196 ANDREA LANE
FORT MYERS, FL 33912

Current Mailing Address:

2196 ANDREA LANE
FORT MYERS, FL 33912

FEI Number: 27-4726190

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEREIRA, JOAO
2196 ANDREA LANE
FORT MYERS, FL 33912 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 MGR
Name PEREIRA, JOAO
Address 1215 FLORIDA AVENUE
City-State-Zip: FORT MYERS FL 33901

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: JOAO PEREIRA

MGR

01/09/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date