

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000100859

Entity Name: CONCEPT IMAGING, LLC.

Current Principal Place of Business:

600 HERITAGE DRIVE
SUITE 105
JUPITER, FL 33458

Current Mailing Address:

P.O. BOX 69
JUPITER, FL 33468-0069 US

FEI Number: 45-3199613

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHIKARA, MAZIN MD
600 HERITAGE DRIVE
SUITE 105
JUPITER, FL 33458 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 SHIKARA, MAZIN MD
Address 600 HERITAGE DRIVE
SUITE 105
City-State-Zip: JUPITER FL 33458

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: MAZIN SHIKARA MD

MBR

04/28/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date