

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000121773

**Entity Name:** SIMONMED IMAGING FLORIDA LLC

**Current Principal Place of Business:**

6900 E. CAMELBACK RD  
SUITE 700  
SCOTTSDALE, AZ 85251

**Current Mailing Address:**

6900 E. CAMELBACK RD  
SUITE 700  
SCOTTSDALE, AZ 85251 US

**FEI Number:** 45-3727094

**Certificate of Status Desired:** Yes

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

CORDOVA, CARLEEN  
277 DOUGLAS AVENUE  
STE #1014  
ALTAMONTE SPRINGS, FL 32714-3321 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:** CARLEEN CORDOVA

01/16/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name SIMONMED IMAGING,  
INCORPORATED  
Address 6900 E. CAMELBACK RD  
SUITE 700  
City-State-Zip: SCOTTSDALE AZ 85251

*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:** ART THORN

**CONTROLLER**

01/16/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date