

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000121773

**Entity Name:** SIMONMED IMAGING FLORIDA LLC

**Current Principal Place of Business:**

16220 N. SCOTTSDALE RD  
SUITE 600  
SCOTTSDALE, AZ 85254

**Current Mailing Address:**

16220 N. SCOTTSDALE RD  
SUITE 600  
SCOTTSDALE, AZ 85254 US

**FEI Number:** 45-3727094

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

04/24/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MEMBER  
Name SIMONMED IMAGING LLC  
Address 16220 N. SCOTTSDALE RD  
SUITE 600  
City-State-Zip: SCOTTSDALE AZ 85254

Title AUTHORIZED SIGNOR  
Name SIMON, HOWARD J.  
Address 16220 N. SCOTTSDALE RD  
SUITE 600  
City-State-Zip: SCOTTSDALE AZ 85254

*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:** HOWARD J. SIMON

AUTHORIZED SIGNOR

04/24/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date