

2018 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

02/01/2018

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

02/01/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date