

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000124502

**Entity Name:** MEDICAL MRI GROUP, LLC

**Current Principal Place of Business:**

7999 PHILIPS HIGHWAY  
SUITE 311  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

7999 PHILIPS HIGHWAY  
SUITE 311  
JACKSONVILLE, FL 32256

**FEI Number:** 45-3735491

**Certificate of Status Desired:** No

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

WASHBURN, NINI  
7999 PHILIPS HIGHWAY  
SUITE 311  
JACKSONVILLE, FL 32256 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:** NINI WASHBURN

01/31/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            CEO, MGR  
Name            WASHBURN, NINI  
Address        7999 PHILIPS HIGHWAY  
                  SUITE 311  
City-State-Zip: JACKSONVILLE FL 32256

Title            AUTHORIZED MEMBER  
Name            WASHBURN, JAMES  
Address        7999 PHILIPS HIGHWAY  
                  SUITE 311  
City-State-Zip: JACKSONVILLE FL 32256

*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:** NINI WASHBURN

CEO

01/31/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date