

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000013573

Entity Name: IMPRESSION IMAGING LLC

Current Principal Place of Business:

7180 N UNIVERSITY DRIVE
TAMARAC, FL 33321

Current Mailing Address:

7180 N UNIVERSITY DRIVE
TAMARAC, FL 33321 US

FEI Number: 45-4394576

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FAGIEN, MICHAEL DR.
IMPRESSION IMAGING LLC
7180 N. UNIVERSITY DRIVE
TAMARAC, FL 33321 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: MICHAEL FAGIEN, MD

01/14/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGRM	Title	MGR
Name	FAGIEN, MICHAEL	Name	FAGIEN, ZAKIYA
Address	7180 N UNIVERSITY DRIVE	Address	7180 N UNIVERSITY DRIVE
City-State-Zip:	TAMARAC FL 33321	City-State-Zip:	TAMARAC FL 33321

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: FAGIEN, ZAKIYA

MGR

01/14/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date