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: ANDREW C. SWANSON

Electronic Signature of Signing Authorized Person(s) Detail

Autorized i cisori(s) Detail :			
Title	MGRM	Title	MGRM
Name	SWANSON, ANDREW C	Name	BORNSTEIN-SWANSON, KAREN
Address	1137 LAGUNA SPRINGS DRIVE	Address	1137 LAGUNA SPRINGS DRIVE
City-State-Zip:	WESTON FL 33326	City-State-Zip:	WESTON FL 33326

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000129094

Entity Name: DIAGNOSTIC SYSTEMS CONSULTING, LLC

Current Principal Place of Business:

1137 LAGUNA SPRINGS DRIVE WESTON, FL 33326

Current Mailing Address:

1137 LAGUNA SPRINGS DRIVE WESTON, FL 33326

FEI Number: 46-1410456

Name and Address of Current Registered Agent:

SWANSON, ANDREW C 1137 LAGUNA SPRINGS DRIVE WESTON, FL 33326 US

> Electronic Signature of Registered Agent 5

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:

Certificate of Status Desired: No

MGRM

FILED Jan 15, 2020 Secretary of State 4150180609CC

Date