2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000150478

Entity Name: INTELLIRAD IMAGING, LLC

Current Principal Place of Business:

11760 SOUTHWEST 40TH STREET

SUITE 703

MIAMI, FL 33175

Current Mailing Address:

11760 SOUTHWEST 40TH STREET

SUITE 703

MIAMI, FL 33175 US

FEI Number: 46-1485841 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARKUSKE, JANENE W 11760 SOUTHWEST 40TH STREET

SUITE 703

MIAMI, FL 33175 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: JANENE W MARKUSKE 02/06/2024

Electronic Signature of Registered Agent Date

Authorized Person(s) Detail:

Title PRESIDENT Title TREASURER

Name FRANCA, EDUARDO DR. Name JOSEPH, RONALD DR.

Address 11760 SOUTHWEST 40TH STREET Address 11760 SOUTHWEST 40TH STREET

SUITE 703

SUITE 703

FILED Feb 06, 2024

Secretary of State

1718138151CC

City-State-Zip: MIAMI FL 33175 City-State-Zip: MIAMI FL 33175

Title VP Title SECRETARY

Name MANI, NISHA DR. Name KOSOVE, JASON DR.

Address 11760 SOUTHWEST 40TH STREET Address 11760 SOUTHWEST 40TH STREET

SUITE 703 SUITE 703

City-State-Zip: MIAMI FL 33175 City-State-Zip: MIAMI FL 33175

Title MANAGER Title MANAGER

Name RODRIGUEZ, JOSE A DR. Name ENRIZO, ORLANDO DR.

Address 11760 SOUTHWEST 40TH STREET Address 11760 SOUTHWEST 40TH STREET

SUITE 703 SUITE 703

City-State-Zip: MIAMI FL 33175 City-State-Zip: MIAMI FL 33175

Title MANAGER Title MANAGER

Name CACERES, CARLOS DR. Name FOURZALI SABBAG, ROBERTO DR.

Address 11760 SOUTHWEST 40TH STREET Address 11760 SOUTHWEST 40TH STREET

SUITE 703 SUITE 703

City-State-Zip: MIAMI FL 33175 City-State-Zip: MIAMI FL 33175

Continues on page 2

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: JASON KOSOVE SECRETARY 02/06/2024

Authorized Person(s) Detail Continued:

Title MANAGER

Name BAIGORRI, BRIAN DR.

Address 11760 SOUTHWEST 40TH STREET

SUITE 703

City-State-Zip: MIAMI FL 33175

Title MANAGER

Name DE MELO RABELO, RYAN DR.

Address 11760 SOUTHWEST 40TH STREET

SUITE 703

City-State-Zip: MIAMI FL 33175

Title MANAGER

Name PANTOL, GUSTAVO DR.

Address 11760 SOUTHWEST 40TH STREET

SUITE 703

City-State-Zip: MIAMI FL 33175

Title MANAGER

Name BANKS, JAMES DR.

Address 11760 SOUTHWEST 40TH STREET

SUITE 703

City-State-Zip: MIAMI FL 33175

Title MANAGER

Name CHUKUS, ANJEZA DR.

Address 11760 SOUTHWEST 40TH STREET

SUITE 703

City-State-Zip: MIAMI FL 33175

Title MANAGER

Name MCKEON, BRETT DR.

Address 11760 SOUTHWEST 40TH STREET

SUITE 703

City-State-Zip: MIAMI FL 33175

Title MANAGER

Name ZAYAS, JULIO DR.

Address 11760 SOUTHWEST 40TH STREET

SUITE 703

City-State-Zip: MIAMI FL 33175

Title MANAGER

Name BEECHAM, ROBERT DR.

Address 11760 SOUTHWEST 40TH STREET

SUITE 703

City-State-Zip: MIAMI FL 33175

Title MANAGER

Name TEJERO, HILDA DR.

Address 11760 SOUTHWEST 40TH STREET

SUITE 703

City-State-Zip: MIAMI FL 33175