

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000150478

Entity Name: INTELLIRAD IMAGING, LLC

Current Principal Place of Business:

1001 BRICKELL BAY DRIVE, SUITE 2650
MIAMI, FL 33131

Current Mailing Address:

PO BOX 330009
MIAMI, FL 33131 US

FEI Number: 46-1485841

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KAUFMAN, DANA M
1001 BRICKELL BAY DRIVE
2650
MIAMI, FL 33131 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT
Name FRANCA, EDUARDO DR.
Address 1001 BRICKELL BAY DRIVE
 2650
City-State-Zip: MIAMI FL 33131

Title TREASURER
Name JOSEPH, RONALD C DR.
Address 1001 BRICKELL BAY DRIVE
 2650
City-State-Zip: MIAMI FL 33131

Title VP
Name MANI, NISHA S DR.
Address 1001 BRICKELL BAY DRIVE
 2650
City-State-Zip: MIAMI FL 33131

Title SECRETARY
Name KOSOVE, JASON DR.
Address 1001 BRICKELL BAY DRIVE, SUITE
 2650
City-State-Zip: MIAMI FL 33131

Title MANAGER
Name RODRIGUEZ, JOSE A DR.
Address 1001 BRICKELL BAY DRIVE, SUITE
 2650
City-State-Zip: MIAMI FL 33131

Title MANAGER
Name ENRIZO, ORLANDO DR.
Address 1001 BRICKELL BAY DRIVE, SUITE
 2650
City-State-Zip: MIAMI FL 33131

Title MANAGER
Name CACERES, CARLOS DR.
Address 1001 BRICKELL BAY DRIVE, SUITE
 2650
City-State-Zip: MIAMI FL 33131

Title MGR
Name FOURZALI, ROBERTO DR.
Address 1001 BRICKELL BAY DR #2650
City-State-Zip: MIAMI FL 33131

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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: RONALD C. JOSEPH MD

TREASURER

02/09/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGER
Name BAIGORRI, BRIAN DR.
Address 1001 BRICKELL BAY DRIVE, SUITE 2650
City-State-Zip: MIAMI FL 33131

Title MANAGER
Name DEMELO, RYAN DR.
Address 1001 BRICKELL BAY DRIVE, SUITE 2650
City-State-Zip: MIAMI FL 33131

Title MEMBER
Name PANTOL, GUSTAVO DR.
Address 1001 BRICKELL BAY DRIVE, SUITE 2650
City-State-Zip: MIAMI FL 33131

Title MEMBER
Name BANKS, JAMES DR.
Address 1001 BRICKELL BAY DRIVE, SUITE 2650
City-State-Zip: MIAMI FL 33131

Title MEMBER
Name CHUKUS, ANJEZA DR.
Address 1001 BRICKELL BAY DRIVE, SUITE 2650
City-State-Zip: MIAMI FL 33131

Title MANAGER
Name MCKEON, BRETT DR.
Address 1001 BRICKELL BAY DRIVE, SUITE 2650
City-State-Zip: MIAMI FL 33131

Title MEMBER
Name ZAYAS, JULIO
Address PO BOX 330009
City-State-Zip: MIAMI FL 33131

Title MEMBER
Name BEECHAM, ROBERT DR.
Address 1001 BRICKELL BAY DRIVE, SUITE 2650
City-State-Zip: MIAMI FL 33131

Title MEMBER
Name TEJERO, HILDA DR.
Address 1001 BRICKELL BAY DRIVE, SUITE 2650
City-State-Zip: MIAMI FL 33131