

**2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L12000150478

**Entity Name:** INTELLIRAD IMAGING, LLC

**Current Principal Place of Business:**

3661 S. MIAMI AVE  
SUITE 1001  
MIAMI, FL 33133

**Current Mailing Address:**

PO BOX 330009  
MIAMI, FL 33131 US

**FEI Number:** 46-1485841

**Certificate of Status Desired:** Yes

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

MARKUSKE, JANENE W  
3661 S. MIAMI AVE  
SUITE 1001  
MIAMI, FL 33133 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

04/29/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title: PRESIDENT  
Name: FRANCA, EDUARDO DR.  
Address: 3661 S. MIAMI AVE  
SUITE 1001  
City-State-Zip: MIAMI FL 33133

Title: TREASURER  
Name: JOSEPH, RONALD C DR.  
Address: 3661 S. MIAMI AVE  
SUITE 1001  
City-State-Zip: MIAMI FL 33133

Title: VP  
Name: MANI, NISHA S DR.  
Address: 3661 S. MIAMI AVE  
SUITE 1001  
City-State-Zip: MIAMI FL 33133

Title: SECRETARY  
Name: KOSOVE, JASON DR.  
Address: 3661 S. MIAMI AVE  
SUITE 1001  
City-State-Zip: MIAMI FL 33133

Title: MANAGER  
Name: RODRIGUEZ, JOSE A DR.  
Address: 3661 S. MIAMI AVE  
SUITE 1001  
City-State-Zip: MIAMI FL 33133

Title: MANAGER  
Name: ENRIZO, ORLANDO DR.  
Address: 3661 S. MIAMI AVE  
SUITE 1001  
City-State-Zip: MIAMI FL 33133

Title: MANAGER  
Name: CACERES, CARLOS DR.  
Address: 3661 S. MIAMI AVE  
SUITE 1001  
City-State-Zip: MIAMI FL 33133

Title: MGR  
Name: FOURZALI, ROBERTO DR.  
Address: 3661 S. MIAMI AVE  
SUITE 1001  
City-State-Zip: MIAMI FL 33133

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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:** EDUARDO FRANCA, MD

PRESIDENT

04/29/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title MANAGER  
Name BAIGORRI, BRIAN DR.  
Address 3661 S. MIAMI AVE  
SUITE 1001  
City-State-Zip: MIAMI FL 33133

Title MANAGER  
Name MCKEON, BRETT DR.  
Address 3661 S. MIAMI AVE  
SUITE 1001  
City-State-Zip: MIAMI FL 33133

Title MANAGER  
Name DEMELO, RYAN DR.  
Address 3661 S. MIAMI AVE  
SUITE 1001  
City-State-Zip: MIAMI FL 33133

Title MEMBER  
Name ZAYAS, JULIO DR.  
Address 3661 S. MIAMI AVE  
SUITE 1001  
City-State-Zip: MIAMI FL 33133

Title MEMBER  
Name PANTOL, GUSTAVO DR.  
Address 3661 S. MIAMI AVE  
SUITE 1001  
City-State-Zip: MIAMI FL 33133

Title MEMBER  
Name BEECHAM, ROBERT DR.  
Address 3661 S. MIAMI AVE  
SUITE 1001  
City-State-Zip: MIAMI FL 33133

Title MEMBER  
Name BANKS, JAMES DR.  
Address 3661 S. MIAMI AVE  
SUITE 1001  
City-State-Zip: MIAMI FL 33133

Title MEMBER  
Name TEJERO, HILDA DR.  
Address 3661 S. MIAMI AVE  
SUITE 1001  
City-State-Zip: MIAMI FL 33133

Title MEMBER  
Name CHUKUS, ANJEZA DR.  
Address 3661 S. MIAMI AVE  
SUITE 1001  
City-State-Zip: MIAMI FL 33133