

**2018 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  
Address        1001 BRICKELL BAY DRIVE  
                  2650  
City-State-Zip: MIAMI FL 33131

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

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

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

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

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

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

*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

**TREASURER**

**01/26/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date