

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000176023

Entity Name: RADIOLOGY PHYSICIAN SOLUTIONS OF FLORIDA, LLC

Current Principal Place of Business:

1A BURTON HILLS BOULEVARD
NASHVILLE, TN 37215

Current Mailing Address:

1A BURTON HILLS BOULEVARD
NASHVILLE, TN 37215 US

FEI Number: 46-4377721

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 US

FILED
Apr 25, 2023
Secretary of State
6487467833CC

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: JILLIAN MARCUS

04/25/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name LAVERTY, JOHN
Address 1A BURTON HILLS BOULEVARD
City-State-Zip: NASHVILLE TN 37215

Title MANAGER
Name CUFFEE, MICHAEL S.
Address 1A BURTON HILLS BOULEVARD
City-State-Zip: NASHVILLE TN 37215

Title COO
Name BAXTER, MD, BRIAN
Address 1A BURTON HILLS BOULEVARD
City-State-Zip: NASHVILLE TN 37215

Title MANAGER
Name PAVON, RICARDO
Address 1A BURTON HILLS BOULEVARD
City-State-Zip: NASHVILLE TN 37215

Title MANAGER
Name GOULATIA, ASH
Address 1A BURTON HILLS BOULEVARD
City-State-Zip: NASHVILLE TN 37215

Title MANAGER
Name CHUANG, MD, CHAN
Address 1A BURTON HILLS BOULEVARD
City-State-Zip: NASHVILLE TN 37215

Title MANAGER
Name GUPTA, SAURABH
Address 1A BURTON HILLS BOULEVARD
City-State-Zip: NASHVILLE TN 37215

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: BRIAN BAXTER, MD

**CHIEF OPERATING
OFFICER**

04/25/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date