

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000092930

**Entity Name:** DIAGNOSTIC MEDICAL IMAGING OF PEMBROKE PINES, LLC

**Current Principal Place of Business:**

330 S FLAMINGO RD  
PEMBROKE PINES, FL 33027

**Current Mailing Address:**

6517 TAFT ST  
SUITE103  
HOLLYWOOD, FL 33024

**FEI Number:** 47-1141278

**Certificate of Status Desired:** No

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

MACHADO, DENIS L  
5200 SW 113 AVE  
SUITE 101  
DAVIE, FL 33330 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 MGRM  
Name MACHADO, DENIS L  
Address 5200 SW 113 AVE  
City-State-Zip: DAVIE FL 33330

*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:** DENIS MACHADO

**MGR**

**04/25/2018**

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

\_\_\_\_\_  
Date