

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000060614

Entity Name: DEX IMAGING OF NORTH CAROLINA, LLC**Current Principal Place of Business:**500 STAPLES DR.
FRAMINGHAM, MA 01702**Current Mailing Address:**500 STAPLES DR.
FRAMINGHAM, MA 01702 US**FEI Number:** 47-3666175**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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	MANAGER
Name	HALL, JEFFREY L. JR.
Address	500 STAPLES DR.
City-State-Zip:	FRAMINGHAM MA 01702

Title	MANAGER
Name	DOUGLAS, J. ALEXANDER JR.
Address	500 STAPLES DR.
City-State-Zip:	FRAMINGHAM MA 01702

Title	AUTHORIZED PERSON
Name	GONZALEZ, CRISTINA
Address	500 STAPLES DR.
City-State-Zip:	FRAMINGHAM MA 01702

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: CRISTINA GONZALEZ**AUTHORIZED PERSON****03/03/2020**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date