

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000041272

**Entity Name:** TOTAL MEDICAL IMAGING HR, LLC

**Current Principal Place of Business:**

17501 BISCAYNE BLVD  
SUITE 540  
NORTH MIAMI BEACH, FL 33160

**Current Mailing Address:**

1434 COMMODORE WAY  
HOLLYWOOD, FL 33019 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

BUGNONE, ALEJANDRO N  
1434 COMMODORE WAY  
HOLLYWOOD, FL 33019 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 MGR  
Name BUGNONE, ALEJANDRO N  
Address 1434 COMMODORE WAY  
City-State-Zip: HOLLYWOOD FL 33019

*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:** ALEJANDRO BUGNONE

**MANAGING MEMBER**

**04/26/2019**

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

\_\_\_\_\_  
Date