

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000125027

Entity Name: NEW VISTA DIAGNOSTIC IMAGING SERVICES LLC

Current Principal Place of Business:

2802 W. WATERS AVENUE
SUITE 1
TAMPA, FL 33614

Current Mailing Address:

2802 W. WATERS AVENUE
SUITE 1
TAMPA, FL 33614

FEI Number: 82-1820351

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SILVA, VICTOR A M.D.
2802 W. WATERS AVENUE
SUITE 1
TAMPA, FL 33614 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 SILVA, VICTOR A M.D.
Address 2802 W. WATERS AVENUE, SUITE 1
City-State-Zip: TAMPA FL 33614

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: VICTOR SILVA

PRESIDENT

02/15/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date