

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000233722

**Entity Name:** BAYCARE OUTPATIENT IMAGING, LLC

**Current Principal Place of Business:**

2985 DREW STREET  
CLEARWATER, FL 33759

**Current Mailing Address:**

2985 DREW STREET  
CLEARWATER, FL 33759 US

**FEI Number: 83-2149743**

**Certificate of Status Desired: No**

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

BAYCARE HEALTH SYSTEM, INC.  
ATTENTION: LEGAL SERVICES DEPARTMENT  
2985 DREW STREET  
CLEARWATER, FL 33759 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            AMBR  
Name            BAYCARE HEALTH SYSTEM, INC.  
Address        2985 DREW STREET  
City-State-Zip: CLEARWATER FL 33759

*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: GLENN WATERS**

**CHIEF OPERATING  
OFFICER**

**04/17/2020**

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

\_\_\_\_\_ Date