

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000003039

Entity Name: WOMEN'S IMAGING INSTITUTE, LLC

Current Principal Place of Business:

8930 WEST STATE ROAD 84
124
DAVIE, FL 33324

Current Mailing Address:

8930 WEST STATE ROAD 84
124
DAVIE, FL 33324 US

FEI Number: 83-3158998

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOEL FRIEND AND ASSOCIATES, INC.
2863 EXECUTIVE PARK DRIVE
105
WESTON, FL 33331 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 GROVER, PRIYANKA DR.
Address 8930 WEST STATE ROAD 84, STE. 124
City-State-Zip: DAVIE FL 33324

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: DR. PRIYANKA GROVER

MGR

06/20/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date