

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000003039

Entity Name: WOMEN'S IMAGING INSTITUTE, LLC

Current Principal Place of Business:

8397 W OAKLAND PARK BLVD
SUNRISE , FL 33351

Current Mailing Address:

8958 WEST STATE RD 84
SUITE 124
DAVIE, FL 33324 US

FEI Number: 83-3158998

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GROVER, PRIYANKA
8958 W STATE RD 84, STE 124
DAVIE, FL 33324 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: PRIYANKA GROVER

02/12/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR

Name GROVER, PRIYANKA DR.

Address 8958 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: PRIYANKA GROVER

MBR, MGR

02/12/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date