

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000140708

**Entity Name:** ADVANCED DIAGNOSTIC GROUP, LLC

**Current Principal Place of Business:**

8300 W SUNRISE BLVD  
PLANTATION, FL 33322

**Current Mailing Address:**

8300 W SUNRISE BLVD  
PLANTATION, FL 33322 US

**FEI Number: 36-4793204**

**Certificate of Status Desired: No**

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

LEGALINC CORPORATE SERVICES INC.  
5237 SUMMERLIN COMMONS BLVD STE 400  
FT MYERS, FL 33907 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	Title	CO-PRESIDENT
Name	AKUMIN CORP.	Name	JOHNSON, KEVIN
Address	8300 W SUNRISE BLVD	Address	8300 W SUNRISE BLVD
City-State-Zip:	PLANTATION FL 33322	City-State-Zip:	PLANTATION FL 33322
Title	CO-PRESIDENT	Title	SECRETARY
Name	FERNANDES, LEIGH ANNE	Name	CAMERON, MATTHEW
Address	8300 W SUNRISE BLVD	Address	8300 W SUNRISE BLVD
City-State-Zip:	PLANTATION FL 33322	City-State-Zip:	PLANTATION FL 33322
Title	ASST. SECRETARY	Title	CFO, TREASURER
Name	BONICA, GINA M.	Name	LARKIN, WILLIAM
Address	8300 W SUNRISE BLVD	Address	8300 W SUNRISE BLVD
City-State-Zip:	PLANTATION FL 33322	City-State-Zip:	PLANTATION FL 33322

*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: MATTHEW CAMERON**

**SECRETARY**

**04/06/2022**

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

\_\_\_\_\_  
Date