

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000212065

Entity Name: MEDICAL IMAGING AND INTERVENTIONS SPECIALISTS, PLLC

Current Principal Place of Business:

14191 NW 166TH TERRACE
UNIT 2
ALACHUA, FL 32615

Current Mailing Address:

14191 NW 166TH TER
UNIT 2
ALACHUA, FL 32615--817 UN

FEI Number: 85-2436672

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WASSEF, SHAFIK N
14191 NW 166TH TERRACE
ALACHUA, FL 32615 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: SHAFIK WASSEF

03/31/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT, CEO
Name WASSEF, SHAFIK N
Address 14191 NW 166TH TER
City-State-Zip: ALACHUA FL 32615

Title SECRETARY
Name WASSEF, ROBIN
Address 14191 NW 166TH TER
 UNIT 2
City-State-Zip: ALACHUA 32615

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: SHAFIK N WASSEF

PRESIDENT CEO

03/31/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date