

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000523781

Entity Name: URGENT CARE IMAGING CENTERS LLC

Current Principal Place of Business:

9542 SHEPARD PL
WELLINGTON, FL 33414

Current Mailing Address:

9542 SHEPARD PL
WELLINGTON, FL 33414 US

FEI Number: 33-2457190

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VIROJA, JAGMOHAN
9542 SHEPARD PL
WELLINGTON, FL 33414 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 VIROJA, JAGMOHAN
Address 9542 SHEPARD PL
City-State-Zip: WELLINGTON FL 33414

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: JAGMOHAN VIROJA, MD

MGR

04/30/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date