

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000002963

Entity Name: FAYE MEDICAL IMAGING, LLC

Current Principal Place of Business:

3601 W COMMERCIAL BLVD
STE 20
FT LAUDERDALE, FL 33309-3334

Current Mailing Address:

P O BOX 16404
PLANTATION, FL 33318 US

FEI Number: 65-0914505

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOLDRICH, DONALD S
5177 N.W. 74TH MANOR
COCONUT CREEK, FL 33073 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 DE NICOLAS, RENE PRINCE
Address 3601 W COMMERCIAL BLVD., SUITE
20
City-State-Zip: FT LAUDERDALE FL 33309-3334

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: RENE PRINCE DE NICOLAS

MANAGER

01/19/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date