

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000001907

**Entity Name:** TELERADIOLOGY SPECIALISTS OF FLORIDA LLC

**Current Principal Place of Business:**

4813 E PICADILLY ROAD  
PHOENIX, AZ 85018

**Current Mailing Address:**

4813 E PICADILLY ROAD  
PHOENIX, AZ 85018 US

**FEI Number: 14-1989936**

**Certificate of Status Desired: Yes**

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

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name COHEN, DAVID J M.D.  
Address 4813 E PICADILLY ROAD  
City-State-Zip: PHOENIX AZ 85018

*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: DAVID COHEN**

**MEDICAL DIRECTOR**

**02/13/2017**

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

\_\_\_\_\_  
Date