

**2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000002441

**Entity Name:** NDS RADIOLOGY, INC

**Current Principal Place of Business:**

28700 CABOT DRIVE SUITE 500  
NOVI, MI 48377

**Current Mailing Address:**

28700 CABOT DRIVE SUITE 500  
NOVI, MI 48377 US

**FEI Number:** 38-3465589

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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

**Officer/Director Detail :**

Title DIRECTOR  
Name KAHN, JOEL MD  
Address 2935 LONGRIDE CT  
City-State-Zip: WEST BLOOMFIELD MI 48323

Title DIRECTOR  
Name SINGER, STEVEN  
Address 6632 TELEGRAPH RD, SUITE 297  
City-State-Zip: BLOOMFIELD HILLS MI 48301

Title DIRECTOR, PRESIDENT,  
SECRETARY, TREASURER, VP  
Name KETSLAKH, MICHAEL V.  
Address 3129 OVERRIDGE  
City-State-Zip: ANN ARBOR MI 48104

Title AUTHORIZED PERSON  
Name BOEGLER, EILEEN  
Address 28700 CABOT DRIVE SUITE 500  
City-State-Zip: NOVI MI 48377

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** EILEEN BOEGLER

**AUTHORIZED PERSON**

**03/08/2024**

Electronic Signature of Signing Officer/Director Detail

Date