

2023 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****02/10/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date