

**2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F18000002441

**Entity Name:** NDS RADIOLOGY, INC**Current Principal Place of Business:**39595 W. TEN MILE ROAD, SUITE 102  
NOVI, MI 48375**Current Mailing Address:**39595 W. TEN MILE ROAD, SUITE 102  
NOVI, MI 48375 US**FEI Number:** 38-3465589**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR., SUITE A  
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	PRESIDENT, SECRETARY, TREASURER
Name	KETSLAKH, MICHAEL V
Address	39595 W. TEN MILE ROAD, SUITE 102
City-State-Zip:	NOVI MI 48375

Title	DIRECTOR
Name	KAHN, JOEL
Address	39595 W. TEN MILE ROAD, SUITE 102
City-State-Zip:	NOVI MI 48375

Title	DIRECTOR
Name	SINGER, STEVEN
Address	39595 W. TEN MILE ROAD, SUITE 102
City-State-Zip:	NOVI MI 48375

*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:** MICHAEL V. KETSLAKH

PRESIDENT

04/26/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date