

No. <b>W 135406</b>		<b>Due no later than Mar 31, 2016</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  20/20 IMAGING LLC 20/20 IMAGING LLC 6950 PHILIPS HWY #45 JACKSONVILLE FL 32216		SYNERGY CORPORATE SERVICES LLC 921 S ORCHARD ST STE G BOISE ID 83705			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	20/20 HEALTHCARE LLC	6950 PHILIPS HWY, STE 45	JACKSONVILLE	FL	USA	32216	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>FL</b> <b>W 135406</b>		Signature: Kim M Wilmoth				Date: 03/17/2016	
		Name (type or print): Kim M Wilmoth				Title: CPA Agent	
Processed 03/17/2016		* Electronically provided signatures are accepted as original signatures.					