

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 603993

FILED  
Apr 25, 2011  
Secretary of State

Entity Name: TOWER IMAGING, INC.

**Current Principal Place of Business:**

2700 UNIVERSITY SQUARE DRIVE  
TAMPA, FL 33612 US

**New Principal Place of Business:**

**Current Mailing Address:**

ATTN: OMMI ACETG DEPT  
PO BOX 30728  
TAMPA, FL 336303728 US

**New Mailing Address:**

FEI Number: 59-1433551      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PATEL, BHARAT U M.D.  
2700 UNIVERSITY SQUARE DRIVE  
TAMPA, FL 336125513 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: OTERO, RAUL R MD  
Address: 2700 UNIVERSITY SQUARE DRIVE  
City-St-Zip: TAMPA, FL 336125513

Title: SD  
Name: ZAMORE, ROBERT A MD  
Address: 2700 UNIVERSITY SQUARE DRIVE  
City-St-Zip: TAMPA, FL 336125513

Title: VD  
Name: KEDAR, RAJENDRA P MD  
Address: 2700 UNIVERSITY SQUARE DRIVE  
City-St-Zip: TAMPA, FL 336125513

Title: D  
Name: ZWIEBEL, BRUCE R MD  
Address: 2700 UNIVERSITY SQUARE DRIVE  
City-St-Zip: TAMPA, FL 33612

Title: D  
Name: ANDERSON, SCOTT R MD  
Address: 2700 UNIVERSITY SQUARE DR  
City-St-Zip: TAMPA, FL 33612

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SCOTT SUTTON

CFO

04/25/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date