2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 681583

FILED Jan 03, 2012 Secretary of State

Entity Name: CLINICAL PHYSIOLOGY ASSOCIATES, INC.

Current Principal Place of Business: New Principal Place of Business:

4110 CENTER POINTE DE, STE 219 4110 CENTER POINTE DE, STE 219

C/O KEN ASCHOM C/O KEN ASCHOM FT. MYERS, FL 33916 FT. MYERS, FL 33916

New Mailing Address:

Current Mailing Address:

4502 POND APPLE DR N C/O KEN ASCHOM NAPLES, FL 34119

FEI Number: 59-2000392 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ASCHOM, KENNETH, A, VICE PRESIDENT 4502 POND APPLE DRIVE N NAPLES, FL 34119

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:

ASCHOM, KENNETH A Name:

4110 CENTER POINTE DR, SUITE 219 Address:

City-St-Zip: FT MYERS, FL 33916

Title: **PRES**

Name: ASCHOM, LINDA F

Address: 4110 CENTER POINTE DR #219 FORT MYERS, FL 33916 City-St-Zip:

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.

VΡ SIGNATURE: KENNETH A. ASCHOM 01/03/2012