

# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT # F05000006650**

1. Entity Name  
**MID ATLANTIC IMAGING SERVICES, INC.**



**FILED**

**08 MAR -7 AM 11:19**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



|   |   |
|---|---|
| Principal Place of Business<br><b>9051-C RED BRANCH RD<br/>COLUMBIA, MD 21045</b> | Mailing Address<br><b>9051-C RED BRANCH RD<br/>COLUMBIA, MD 21045</b> |
|---|---|

|  |  |
|--|--|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address<br><b>1614 Churchville Road</b> |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc.<br><b>Suite 201</b>            |

02282008 Chg-P CR2E034 (12/06)

|                                    |                       |   |  |                                       |
|------------------------------------|-----------------------|---|--|---------------------------------------|
| City & State<br><b>Bel Air, MD</b> |                       | 4. FEI Number<br><b>52-1815238</b>                        |  | Applied For                           |
| Zip<br><b>21015</b>                | Country<br><b>USA</b> | 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required |

**6. Name and Address of Current Registered Agent**

**REEVES, RICHARD D-  
6704 HERITAGE LANE  
BRADENTON, FL 34209**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City **FL** Zip Code \_\_\_\_\_

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Amended AR is \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS |                                     |
|----------------------------|-------------------------------------|
| TITLE                      | PC <input type="checkbox"/> Delete  |
| NAME                       | <b>LILLY, PAUL</b>                  |
| STREET ADDRESS             | <b>9051-C RED BRANCH RD</b>         |
| CITY-ST-ZIP                | <b>COLUMBIA, MD 21045</b>           |
| TITLE                      | VVC <input type="checkbox"/> Delete |
| NAME                       | <b>LILLY, DONNA</b>                 |
| STREET ADDRESS             | <b>9051-C RED BRANCH RD</b>         |
| CITY-ST-ZIP                | <b>COLUMBIA, MD 21045</b>           |
| TITLE                      | TD <input type="checkbox"/> Delete  |
| NAME                       | <b>VICKERS, DAVID</b>               |
| STREET ADDRESS             | <b>1033 INDEPENDENCE CT</b>         |
| CITY-ST-ZIP                | <b>ALABASTER, AL 35007</b>          |
| TITLE                      | T <input type="checkbox"/> Delete   |
| NAME                       | <b>FEEHLEY, WILLIAM M</b>           |
| STREET ADDRESS             | <b>1614 CHURCHVILLE ROAD</b>        |
| CITY-ST-ZIP                | <b>BEL AIR, MD 21015</b>            |
| TITLE                      | <input type="checkbox"/> Delete     |
| NAME                       |                                     |
| STREET ADDRESS             |                                     |
| CITY-ST-ZIP                |                                     |
| TITLE                      | <input type="checkbox"/> Delete     |
| NAME                       |                                     |
| STREET ADDRESS             |                                     |
| CITY-ST-ZIP                |                                     |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE   | <b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |
| NAME  |  |
| STREET ADDRESS  | <b>500120090365</b>  |
| CITY-ST-ZIP   | <b>03/12/08--01016--020 **\$1.25</b>   |
| TITLE   | <b>Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |
| TITLE   | <b>Treasurer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |
| TITLE   | <b>Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                  |
| NAME  |  |
| STREET ADDRESS  |  |
| CITY-ST-ZIP   |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William M Feehley **Secretary** Date: 2/28/08 Daytime Phone #: 410-515-5800