

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000004418

FILED  
Mar 24, 2011  
Secretary of State

**Entity Name:** MEDICAL SCANNING CONSULTANTS, P.A.

**Current Principal Place of Business:**

5775 WAYZATA BLVD., STE. 400  
ST. LOUIS PARK, MN 55416

**New Principal Place of Business:**

**Current Mailing Address:**

5775 WAYZATA BLVD., STE. 400  
ST. LOUIS PARK, MN 55416

**New Mailing Address:**

**FEI Number:** 41-1410766

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CDI CENTRAL FLORIDA  
1285 ORANGE AVE  
SUITE 200  
WINTER PARK, FL 32789 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:** DV  
**Name:** SCHELLHAS, KURT P M.D.  
**Address:** 5775 WAYZATA BLVD., STE. 190  
**City-St-Zip:** ST. LOUIS PARK, MN 55416

**Title:** DV  
**Name:** FRITTS, HOLLIS M M.D.  
**Address:** 5775 WAYZATA BLVD., STE. 190  
**City-St-Zip:** ST. LOUIS PARK, MN 55416

**Title:** V  
**Name:** GUNDRY, COOPER R M.D.  
**Address:** 5775 WAYZATA BLVD., STE. 190  
**City-St-Zip:** ST. LOUIS PARK, MN 55416

**Title:** S  
**Name:** LOHSE, JENNIFER M  
**Address:** 5775 WAYZATA BLVD., STE. 400  
**City-St-Zip:** ST. LOUIS PARK, MN 55416

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:** JENNIFER M. LOHSE

S

03/24/2011

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

\_\_\_\_\_  
Date