

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000009600

Entity Name: LCM IMAGING, INC.

FILED  
Apr 21, 2011  
Secretary of State

**Current Principal Place of Business:**

1931 W. MARTIN LUTHER KING BLVD.  
SUITE F  
TAMPA, FL 33607 US

**New Principal Place of Business:**

**Current Mailing Address:**

1931 W. MARTIN LUTHER KING BLVD.  
SUITE F  
TAMPA, FL 33607 US

**New Mailing Address:**

FEI Number: 59-3491669

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

RUGG, JOSEPH W.N.  
401 EAST JACKSON STREET  
SUITE 1700  
TAMPA, FL 33602 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: D  
Name: BURKE, ROBERT D MD  
Address: 607 W. MARTIN LUTHER KING BLVD., SUITE 103  
City-St-Zip: TAMPA, FL 33603 US

Title: O  
Name: JOHNSON, KEVIN G  
Address: 607 W. MARTIN LUTHER KING BLVD., SUITE 103  
City-St-Zip: TAMPA, FL 33603 US

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: KEVIN JOHNSON

O

04/21/2011

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

\_\_\_\_\_ Date