

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 603993

**Entity Name:** TOWER IMAGING, INC.

**Current Principal Place of Business:**

2700 UNIVERSITY SQUARE DRIVE  
TAMPA, FL 33612

**Current Mailing Address:**

ATTN: OMMI ACETG DEPT  
PO BOX 30728  
TAMPA, FL 33630-3728 US

**FEI Number:** 59-1433551

**Certificate of Status Desired:** No

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

PATEL, BHARAT UM.D.  
2700 UNIVERSITY SQUARE DRIVE  
TAMPA, FL 33612-5513 US

*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

**Officer/Director Detail :**

Title PD  
Name OTERO, RAUL R  
Address 2700 UNIVERSITY SQUARE DRIVE  
City-State-Zip: TAMPA FL 33612-5513

Title SD  
Name ZAMORE, ROBERT A  
Address 2700 UNIVERSITY SQUARE DRIVE  
City-State-Zip: TAMPA FL 33612-5513

Title VD  
Name KEDAR, RAJENDRA P  
Address 2700 UNIVERSITY SQUARE DRIVE  
City-State-Zip: TAMPA FL 33612-5513

Title AT-LARGE D  
Name ANDERSON, SCOTT R  
Address 2700 UNIVERSITY SQUARE DRIVE  
City-State-Zip: TAMPA FL 33612

Title AT-LARGE D.  
Name DAVIS, CLIFFORD  
Address 2700 UNIVERSITY SQUARE DRIVE  
City-State-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:** ROBERT ZAMORE, M.D.

**SECRETARY**

**03/19/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date