

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000134824

Entity Name: H&C MEDICAL IMAGING SERVICES INC.

Current Principal Place of Business:

257 12TH AVE NW
NAPLES, FL 34120

Current Mailing Address:

PO BOX 11418
NAPLES, FL 34102 US

FEI Number: 20-1699687

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MONTEVERDE, CAROLYN S
257 12TH AVE NW
NAPLES, FL 34120 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 P
Name MONTEVERDE, HUELVES R
Address 257 12TH AVE NW
City-State-Zip: NAPLES FL 34120

Title VP
Name MONTEVERDE, CAROLYN S
Address 257 12TH AVE NW
City-State-Zip: NAPLES FL 34120

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: CAROLYN MONTEVERDE

VP

03/19/2021

Electronic Signature of Signing Officer/Director Detail

Date