

**2014 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:** HUELVES R MONTEVERDE

**PRESIDENT**

**04/28/2014**

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

\_\_\_\_\_  
Date