

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000064750

Entity Name: NORTH PORT DIAGNOSTIC IMAGING CENTER, INC.

Current Principal Place of Business:

14243 TAMIAMI TRAIL
NORTH PORT, FL 34287

Current Mailing Address:

C/O DAVID A. HOLMES
99 NESBIT STREET
PUNTA GORDA, FL 33950

FEI Number: 20-2944099

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOLMES, DAVID A
99 NESBIT STREET
PUNTA GORDA, FL 33950 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 VDT
Name ROSS, STEPHEN M
Address 14243 TAMIAMI TRAIL
City-State-Zip: NORTH PORT FL 34287

Title PSD
Name WHITE, JAMES E
Address 3430 TAMIAMI TRAIL, SUITE B
City-State-Zip: PORT CHARLOTTE FL 33948

Title VD
Name FLESZAR, DAVID
Address 3430 TAMIAMI TRAIL, SUITE B
City-State-Zip: PORT CHARLOTTE FL 33952

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: JAMES E. WHITE, M.D.

DIRECTOR

04/09/2013

Electronic Signature of Signing Officer/Director Detail

Date