

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000056414

Entity Name: NU IMAGE MEDICAL OF MIAMI CORP

Current Principal Place of Business:

SUN TRUST TOWER
401 EAST JACKSON STREET 2340
TAMPA , FL 33602

Current Mailing Address:

SUN TRUST TOWER
401 EAST JACKSON STREET 2340
TAMPA , FL 33602 US

FEI Number: 45-2557930

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DETTLAFF, ANDREAS
SUN TRUST TOWER
401 EAST JACKSON STREET 2340
TAMPA , FL 33602 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 DETTLAFF, ANDREAS
Address SUN TRUST TOWER
 401 EAST JACKSON STREET 2340
City-State-Zip: TAMPA FL 33602

Title VP
Name VELANDIA, KARLA
Address SUN TRUST TOWER
 401 EAST JACKSON STREET 2340
City-State-Zip: TAMPA FL 33602

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: ANDREAS DETTLAFF

PRESIDENT

03/25/2016

Electronic Signature of Signing Officer/Director Detail

Date