## 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000062924

Entity Name: FLORIDA MEDICAL IMAGING, INC.

**Current Principal Place of Business:** 

4624 SW 31ST DR WEST PARK, FL 33023

**Current Mailing Address:** 

4624 SW 31ST DR

WEST PARK, FL 33023 US

FEI Number: 45-2660583 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DAVIS, MATTHEW R 4624 SW 31ST DR WEST PARK, FL 33023 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: MATTHEW R DAVIS 04/04/2024

Electronic Signature of Registered Agent

Date

FILED Apr 04, 2024

**Secretary of State** 

5525199983CC

## Officer/Director Detail:

Title PRESIDENT

Name DAVIS, MATTHEW R
Address 4624 SW 31ST DR

City-State-Zip: WEST PARK FL 33023

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.

Electronic Signature of Signing Officer/Director Detail