

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000062924

Entity Name: FLORIDA MEDICAL IMAGING, INC.

Current Principal Place of Business:

7887 S.E. 167TH BURLEIGH PLACE
THE VILLAGES, FL 32162

Current Mailing Address:

7887 S.E. 167TH BURLEIGH PLACE
THE VILLAGES, FL 32162 US

FEI Number: 45-2660583

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MURPHY, THOMAS S
7887 S.E. 167TH BURLEIGH PLACE
THE VILLAGES, FL 32162 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 PD
Name MURPHY, THOMAS S
Address 7887 SE 167TH BURLEIGH PLACE
City-State-Zip: THE VILLAGES FL 32162

Title VP
Name MURPHY, BRIAN J DR.
Address 7887 S.E. 167TH BURLEIGH PLACE
City-State-Zip: THE VILLAGES FL 32162

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: THOMAS S MURPHY

PRESIDENT

01/07/2016

Electronic Signature of Signing Officer/Director Detail

Date