2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2015
Secretary of State
CC6220785913

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Entity Name: IMAGEN MEDICAL CENTER INC

Current Principal Place of Business:

8181 NW 36 ST, SUITE 5-B
DORAL, FL 33166

Current Mailing Address:

8181 NW 36 ST, SUITE 5-B
DORAL, FL 33166

FEI Number: 46-4583506

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DIAZ-CAPOTE, ARLEX
8181 NW 36 ST, SUITE 5-B
DORAL, FL 33166 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	DIAZ-CAPOTE, ARLEX
Address	8181 NW 36 ST, SUITE 5-B
City-State-Zip:	DORAL FL 33166

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: ARLEX DIAZ-CAPOTE 02/23/2015

Electronic Signature of Signing Officer/Director Detail — Date