

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000039690

**Entity Name:** WEST COAST CARDIAC IMAGING OF FLORIDA INC.

**Current Principal Place of Business:**

5487 CEDAR LN  
BROOKSVILLE, FL 34601

**Current Mailing Address:**

5487 CEDAR LN  
BROOKSVILLE, FL 34601

**FEI Number:** 59-3628176

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROBERTS, GARRY W  
5487 CEDAR LN  
BROOKSVILLE, FL 34601 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 MR.  
Name ROBERTS, GARRY W  
Address 5487 CEDAR LN  
City-State-Zip: BROOKSVILLE FL 34601

*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:** GARRY W.ROBERTS

**OWNER**

**03/23/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date