2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

DOCUMENT# 600781

Entity Name: RADIOLOGY AND IMAGING SPECIALISTS OF LAKELAND, P.A.

Current Principal Place of Business:

2120 LAKELAND HILLS BLVD
LAKELAND, FL 33805 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 90609
LAKELAND, FL 338040609

New Mailing Address:

FEI Number: 59-1262719 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHMITT, CHRISTIAN T MD
2120 LAKELAND HILL BLVD
LAKELAND, FL 33805 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: VPD
Name: ELMASRI, FAKHIR F MD
Address: 2120 LAKELAND HILLS BLVD
City-St-Zip: LAKELAND, FL 33805 US

Title: SD
Name: ESPOSITO, MICHAEL B MD
Address: 2120 LAKELAND HILLS BLVD
City-St-Zip: LAKELAND, FL 33805 US

Title: PD
Name: SCHMITT, CHRISTIAN T MD
Address: 2120 LAKELAND HILLS BLVD
City-St-Zip: LAKELAND, FL 33805 US

Title: TD
Name: LIMA, MARTHA
Address: 2120 LAKELAND HILLS BLVD
City-St-Zip: LAKELAND, FL 33805 US

Title: D
Name: HENRICKS, BRET D MD
Address: 2120 LAKELAND HILLS BLVD
City-St-Zip: LAKELAND, FL 33805 US

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: CHRISTIAN T. SCHMITT MD PD 02/02/2011

Electronic Signature of Signing Officer or Director — Date