

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 651173

FILED  
Apr 13, 2010  
Secretary of State

**Entity Name:** PALM BEACH-BROWARD MEDICAL IMAGING CENTER, INC.

**Current Principal Place of Business:**

1500 E. HILLSBORO BLVD.  
SUITE 110  
DEERFIELD BEACH, FL 33441

**New Principal Place of Business:**

**Current Mailing Address:**

1500 E. HILLSBORO BLVD.  
SUITE 110  
DEERFIELD BEACH, FL 33441

**New Mailing Address:**

**FEI Number:** 59-1951249      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

HAMPTON, ROGER N  
1500 E. HILLSBORO BLVD.  
SUITE 110  
DEERFIELD BEACH, FL 33441 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: HAMPTON, ROGER N  
Address: 1500 E HILLSBORO BLVD SUITE 110  
City-St-Zip: DEERFIELD BEACH, FL

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: ROGER HAMPTON

PRES

04/13/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date