

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002066

FILED
Jan 06, 2009
Secretary of State

Entity Name: JACKSONVILLE BEACHES MEDICAL IMAGING, INC.

Current Principal Place of Business:

3316 SOUTH THIRD STREET
SUITE 101
JACKSONVILLE, FL 32250 US

New Principal Place of Business:

Current Mailing Address:

8302 DUNWOODY PLACE
SUITE 200
ATLANTA, GA 30350 US

New Mailing Address:

FEI Number: 52-2224844 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELGM, CAREY L
3316 SOUTH THIRD STREET STE 101
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

BLAESE, CATHY COO
3316 SOUTH THIRD STREET STE 101
JACKSONVILLE BEACH, FL 32250 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: CATHY BLAESE, CHIEF OPERATING OFFICER

01/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPST () Delete
Name: CARL, ROBERT D III
Address: 8300 DUNWOODY PLACE, SUITE 209
City-St-Zip: ATLANTA, GA 303503304

Title: V () Delete
Name: SCOTT, MICHAEL R
Address: 8300 DUNWOODY PLACE, SUITE 209
City-St-Zip: ATLANTA, GA 303503304

Title: ASAT () Delete
Name: LEO, REBECCA H
Address: 8302 DUNWOODY PL - STE. 200
City-St-Zip: ATLANTA, GA 30350

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: REBECCA H. LEO

TREA

01/06/2009

Electronic Signature of Signing Officer or Director

Date