

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00000002066

**FILED**  
**Mar 24, 2011**  
**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:**

BLAESE, CATHY COO  
3316 SOUTH THIRD STREET STE 101  
JACKSONVILLE BEACH, FL 32250 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:** CPST  
**Name:** CARL, ROBERT D III  
**Address:** 8300 DUNWOODY PLACE, SUITE 209  
**City-St-Zip:** ATLANTA, GA 303503304

**Title:** V  
**Name:** SCOTT, MICHAEL R  
**Address:** 8302 DUNWOODY PLACE, SUITE 20  
**City-St-Zip:** ATLANTA, GA 30350

**Title:** ASAT  
**Name:** LEO, REBECCA H  
**Address:** 8302 DUNWOODY PLACE, SUITE200  
**City-St-Zip:** ATLANTA, GA 30350

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: REBECCA H. LEO

ASAT

03/24/2011

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

\_\_\_\_\_  
Date