

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005905

FILED  
Jan 04, 2012  
Secretary of State

Entity Name: IRADIMED CORP.

**Current Principal Place of Business:**

7457 ALOMA AVE.  
SUITE 201  
WINTER PARK, FL 32792

**New Principal Place of Business:**

**Current Mailing Address:**

7457 ALOMA AVE.  
SUITE 201  
WINTER PARK, FL 32792

**New Mailing Address:**

FEI Number: 73-1408526

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SUSI, ROGER  
7457 ALOMA AVE  
SUITE 201  
WINTER PARK, FL 32792 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: PC  
Name: SUSI, ROGER  
Address: 7457 ALOMA AVE. SUITE 201  
City-St-Zip: WINTER PARK, FL 32792

Title: SD  
Name: NOVOVICH, SERGE  
Address: 9522 E. 78TH PLACE  
City-St-Zip: TULSA, OK 74133

Title: TD  
Name: WALDMAN, LOUIS  
Address: 7457 ALOMA AVE #201  
City-St-Zip: WINTER PARK, FL 32792

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: LOUIS WALDMAN

TD

01/04/2012

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

\_\_\_\_\_  
Date