

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F05000006650

1. Entity Name
MID ATLANTIC IMAGING SERVICES, INC.



FILED

08 MAR -7 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
9051-C RED BRANCH RD
COLUMBIA, MD 21045

Mailing Address
9051-C RED BRANCH RD
COLUMBIA, MD 21045

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

1614 Churchville Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 201

City & State

City & State

Bel Air, MD

Zip

Country

Zip

21015

Country

USA

02282008

Chg-P

CR2E034 (12/06)

4. FEI Number

52-1815238

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REEVES, RICHARD D-
6704 HERITAGE LANE
BRADENTON, FL 34209

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PC
LILLY, PAUL
9051-C RED BRANCH RD
COLUMBIA, MD 21045 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VVC
LILLY, DONNA
9051-C RED BRANCH RD
COLUMBIA, MD 21045 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
VICKERS, DAVID
1033 INDEPENDENCE CT
ALABASTER, AL 35007 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
FEEHLEY, WILLIAM M
1614 CHURCHVILLE ROAD
BEL AIR, MD 21015 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President ☒ Change ☐ Addition
500120090365
03/12/08--01016--020 **\$61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William M Feehley Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/08

Date

410-515-5800

Daytime Phone #