

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000007458

Entity Name: HEARTCARE IMAGING, INC.

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

760 US HWY ONE, NORTH  
JUPITER, FL 33469

**New Principal Place of Business:**

**Current Mailing Address:**

760 US HWY ONE, NORTH  
JUPITER, FL 33469

**New Mailing Address:**

FEI Number: 65-1055330

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: CPD  
Name: STILLEY, ROBERT J  
Address: 760 US HWY ONE, N  
City-St-Zip: JUPITER, FL 33469

Title: VCST  
Name: MAGAR, MARYLYNN  
Address: 760 US HWY ONE, N  
City-St-Zip: JUPITER, FL 33469

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: MARYLYNN MAGAR

VCST

01/06/2012

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

\_\_\_\_\_  
Date