

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000004900

FILED  
May 02, 2011  
Secretary of State

**Entity Name:** AURORA IMAGING TECHNOLOGY, INC.

**Current Principal Place of Business:**

39 HIGH ST.  
N. ANDOVER, MA 01845

**New Principal Place of Business:**

**Current Mailing Address:**

39 HIGH ST.  
N. ANDOVER, MA 01845

**New Mailing Address:**

**FEI Number:** 04-3461782

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324 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:** C  
**Name:** CHAO, ALLEN  
**Address:** 39 HIGH ST.  
**City-St-Zip:** N. ANDOVER, MA 01845 UN

**Title:** DP  
**Name:** CHENG, OLIVIA H  
**Address:** 39 HIGH ST.  
**City-St-Zip:** N. ANDOVER, MA 01845 UN

**Title:** D  
**Name:** DEVLIN, MICHAEL  
**Address:** 39 HIGH ST.  
**City-St-Zip:** N. ANDOVER, MA 01845 UN

**Title:** VCFO  
**Name:** JAMES, STEVEN J  
**Address:** 39 HIGH ST.  
**City-St-Zip:** N. ANDOVER, MA 01845 UN

**Title:** S  
**Name:** JAMES, STEVEN J  
**Address:** 39 HIGH ST.  
**City-St-Zip:** N. ANDOVER, MA 01845 UN

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:** STEVEN J. JAMES

VCFO

05/02/2011

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

\_\_\_\_\_  
Date