

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000002902

FILED  
Apr 09, 2012  
Secretary of State

Entity Name: PRESGAR MEDICAL IMAGING, INC.

## Current Principal Place of Business:

14025 RIVEREDGE DR.  
SUITE 550  
TAMPA, FL 33637 US

## New Principal Place of Business:

16105 N. FLORIDA AVE.  
SUITE A  
LUTZ, FL 33549 US

## Current Mailing Address:

14025 RIVEREDGE DR.  
SUITE 550  
TAMPA, FL 33637 US

## New Mailing Address:

16105 N. FLORIDA AVE.  
SUITE A  
LUTZ, FL 33549 US

FEI Number: 62-1673773

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WRIGHT, GARY W  
14025 RIVEREDGE DRIVE, 550  
TAMPA, FL 33637 US

## Name and Address of New Registered Agent:

WRIGHT, GARY W  
16105 N. FLORIDA AVE.  
SUITE A  
LUTZ, FL 33549 US

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: GARY W. WRIGHT

04/09/2012

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PRES  
Name: WRIGHT, GARY W  
Address: 16105 N. FLORIDA AVE. STE A  
City-St-Zip: LUTZ, FL 33549

Title: SEC  
Name: ROBERTSON, ROBBIE  
Address: 16105 N. FLORIDA AVE. STE A  
City-St-Zip: LUTZ, FL 33549

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: GARY W. WRIGHT

PRES

04/09/2012

Electronic Signature of Signing Officer or Director

Date