## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# G51198

City-St-Zip:

TAMPA, FL 33612

FILED Jan 19, 2009 Secretary of State

Entity Na	me: THE IMA	GING ASSOCIATES, INC.			
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
3301 ALUI TAMPA, F		6	3301 USF ALUMNI I TAMPA, FL 33612	OR US	
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
	MNI DRIVE L 336126413	US	3301 USF ALUMNI TAMPA, FL 336126		
FEI Number	: 59-2327356	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
PHILLIPS, CYNTHIA 3301 ALUMNI DRIVE TAMPA, FL 336126413 US			3301 USF ALUMNI	PHILLIPS, CYNTHIA 3301 USF ALUMNI DRIVE TAMPA, FL 336126413 US	
	named entity s e of Florida.	submits this statement for the p	urpose of changing its register	red office or registered agent, or both,	
SIGNATURE:				01/19/2009	
	Electror	ic Signature of Registered Age	nt	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VP ( ) STEIN, BERNA 3301 ALUMNI I TAMPA, FL 33	DR.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	PRES ( ) SILBIGER, MAI 3301 ALUMNI I TAMPA, FL 33	DR.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	STD ( ) MURTAGH, RE 3301 ALUMNI [	•	Title: Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

City-St-Zip:

SIGNATURE: MARTIN L SILBIGER, M.D. **PRES** 01/19/2009