

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# K43462

**FILED**  
**Jan 08, 2011**  
**Secretary of State**

**Entity Name:** MOBILE IMAGING OF ST. LUCIE COUNTY, INC.

**Current Principal Place of Business:**

120 66TH AVE S.W.  
VERO BEACH, FL 32968 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 650571  
VERO BEACH, FL 32965 US

**New Mailing Address:**

**FEI Number:** 65-0104088

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CRAWFORD, KEN  
120 66 AVE. S.W.  
VERO BEACH, FL 32968 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: D  
Name: CRAWFORD, KEN  
Address: 120 66 AVE, SW  
City-St-Zip: VERO BEACH, FL 32968

Title: D  
Name: CRAWFORD, ROSANNA  
Address: 120 66 AVE., SW  
City-St-Zip: VERO BEACH, FL 32968

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: ROSANNA CRAWFORD

DIR.

01/08/2011

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

\_\_\_\_\_  
Date