

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L66765

FILED
Feb 17, 2009
Secretary of State

Entity Name: WEST HERNANDO DIAGNOSTIC AND M.R. CENTER, INC.

Current Principal Place of Business:

3315 COMMERCIAL WAY
SPRING HILL, FL 34606 US

New Principal Place of Business:

Current Mailing Address:

3315 COMMERCIAL WAY
SPRING HILL, FL 34606 US

New Mailing Address:

FEI Number: 59-3037178

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIERZYNSKI, MICHAEL J
5143 COMMERCIAL WAY
SPRING HILL, FL 34606 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: EMANDI, RAO
Address: 5723 WESTSHORE DR
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: DP () Delete
Name: MARSHALL, ALAN S
Address: 1366 DAVENPORT DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: DVST () Delete
Name: KIERZYNSKI, MICHAEL J
Address: 5365 KEYSVILLE AVENUE
City-St-Zip: SPRING HILL, FL 34608

Title: DV () Delete
Name: ARNOLD, WILLIAM P JR
Address: 3259 FLAMINGO BLVD
City-St-Zip: HERNANDO BEACH, FL 34607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: MICHAEL J. KIERZYNSKI

DVST

02/17/2009

Electronic Signature of Signing Officer or Director

Date