

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L94813

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Entity Name:** SOUTHERN IMAGING SPECIALISTS, INC.

**Current Principal Place of Business:**

155 SEMINOLE DRIVE  
DEBARY, FL 32713

**New Principal Place of Business:**

53704 RIVERTRACE RD.  
ASTOR, FL 32102

**Current Mailing Address:**

155 SEMINOLE DRIVE  
DEBARY, FL 32713

**New Mailing Address:**

53704 RIVERTRACE RD.  
ASTOR, FL 32102

**FEI Number:** 59-3028075

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ELLIOTT, C. ROBERT  
155 SEMINOLE DR  
DEBARY, FL 32713 US

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

ELLIOTT, C. ROBERT  
53704 RIVERTRACE RD.  
ASTOR, FL 32102 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: C. ROBERT ELLIOTT

03/20/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MR..  
Name: ELLIOTT, C. ROBERT  
Address: 53704 RIVERTRACE RD.  
City-St-Zip: ASTOR, FL 32102 US

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: C. ROBERT ELLIOTT

MR.

03/20/2012

Electronic Signature of Signing Officer or Director

Date