

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000012410

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

**Entity Name:** MED-HOT THERMAL IMAGING, INC.

**Current Principal Place of Business:**

315 DORIS DRIVE  
LAKELAND, FL 33813

**New Principal Place of Business:**

5120 SOUTH FLORIDA AVE  
301  
LAKELAND, FL 33813

**Current Mailing Address:**

315 DORIS DRIVE  
LAKELAND, FL 33813

**New Mailing Address:**

5120 SOUTH FLORIDA AVE  
301  
LAKELAND, FL 33813

**FEI Number:** 65-0979864

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROSENTHAL, DAVID  
2502 EWELL ROAD  
LAKELAND, FL 33811 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: PRES  
Name: CHANDLER, CAROL  
Address: 2502 EWELL RD  
City-St-Zip: LAKELAND, FL 33811

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: CAROL CHANDLER

PRES

02/08/2012

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

\_\_\_\_\_  
Date