

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000111607

FILED
Mar 23, 2009
Secretary of State

Entity Name: PARKWAY MEDICAL IMAGING, P.A.

Current Principal Place of Business:

2929 E COMMERCIAL BLVD
SUITE 600
FORT LAUDERDALE, FL 33308 US

New Principal Place of Business:

Current Mailing Address:

2929 E COMMERCIAL BLVD
SUITE 600
FORT LAUDERDALE, FL 33308 US

New Mailing Address:

FEI Number: 65-1060828 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUSH, MICHAEL J
2929 E COMMERCIAL BLVD
SUITE 600
FORT LAUDERDALE, FL 33308 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: PD () Delete
Name: RUSH, MICHAEL J MD
Address: 2929 E COMMERCIAL BLVD STE 600
City-St-Zip: FORT LAUDERDALE, FL 33308 US

Title: VD () Delete
Name: SMUCLOVISKY, CLAUDIO MD
Address: 2929 E COMMERCIAL BLVD STE 600
City-St-Zip: FORT LAUDERDALE, FL 33308 US

Title: SD () Delete
Name: RUBINSON, HOWARD MD
Address: 2929 E COMMERCIAL BLVD STE 600
City-St-Zip: FORT LAUDERDALE, FL 33308 US

Title: TD () Delete
Name: KRAVETZ, MARK MD
Address: 2929 E COMMERCIAL BLVD STE 600
City-St-Zip: FORT LAUDERDALE, FL 33308 US

Title: D () Delete
Name: BERMAN, JOEL MD
Address: 2929 E COMMERCIAL BLVD STE 600
City-St-Zip: FORT LAUDERDALE, FL 33308 US

Title: D () Delete
Name: SMITH, RIPP A MD
Address: 2929 E COMMERCIAL BLVD STE 600
City-St-Zip: FORT LAUDERDALE, FL 33308 US

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:

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 RUSH, MD

PD

03/23/2009

Electronic Signature of Signing Officer or Director

Date