

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000025464

FILED
Apr 28, 2009
Secretary of State

Entity Name: ADVANCED DIAGNOSTIC IMAGING, INC.

Current Principal Place of Business:

2700 UNIVERSITY SQUARE DRIVE
TAMPA, FL 336125513

New Principal Place of Business:

Current Mailing Address:

ATTN: OMMI ACETG DEPT
P.O. BOX 30728
TAMPA, FL 336303728

New Mailing Address:

ATTN: OMMI ACCTG DEPT
P.O. BOX 30728
TAMPA, FL 336303728

FEI Number: 59-3705595

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATEL, BHARAT U MD
2700 UNIVERSITY SQUARE DRIVE
TAMPA, FL 336125513 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: OTERO, RAUL R
Address: 2700 UNIVERSITY SQUARE DRIVE
City-St-Zip: TAMPA, FL 336125513

Title: VD () Delete
Name: BARAN, GREGG A
Address: 2700 UNIVERSITY SQUARE DRIVE
City-St-Zip: TAMPA, FL 33612

Title: SD () Delete
Name: KEDAR, RAJENDRA P
Address: 2700 UNIVERSITY SQUARE DRIVE
City-St-Zip: TAMPA, FL 336125513

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:

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: BHARAT PATEL

D

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date