2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2010
Secretary of State

DOCUMENT# P01000116517

Entity Name: KC MEDICAL IMAGING, INC.

Current Principal Place of Business:

1410 FLORAL WAY
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

1410 FLORAL WAY
APOPKA, FL 32703

New Mailing Address:

FEI Number: 94-3413004 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COON, KEVIN D
1410 FLORAL WAY
APOPKA, FL 32703 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: D
Name: COON, KEVIN D
Address: 1410 FLORAL WAY
City-St-Zip: APOPKA, FL 32703

Title: S
Name: COON, KATHERINE A
Address: 1410 FLORAL WAY
City-St-Zip: APOPKA, FL 32703

Title: C
Name: COON, KEVIN D
Address: 1410 FLORAL WAY
City-St-Zip: APOPKA, FL 32703

Title: P
Name: COON, KEVIN D
Address: 1410 FLORAL WAY
City-St-Zip: APOPKA, FL 32703

Title: D
Name: COON, KATHERINE A
Address: 1410 FLORAL WAY
City-St-Zip: APOPKA, FL 32703

Title: T
Name: COON, KATHERINE A
Address: 1410 FLORAL WAY
City-St-Zip: APOPKA, FL 32703

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: KATHERINE A COON S 04/15/2010

Electronic Signature of Signing Officer or Director Date