

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000011899

FILED
Jan 05, 2009
Secretary of State

Entity Name: BETHESDA IMAGING ASSOCIATES GROUP, INC.

Current Principal Place of Business:

2815 S. SEACREST BLVD.
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 243389
BOYNTON BEACH, FL 33424

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROONEY, STEVEN J
2815 S. SEACREST BLVD.
BOYNTON BEACH, FL 33435 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: P () Delete
Name: ROONEY, STEVEN J
Address: 2815 S. SEACREST BLVD.
City-St-Zip: BOYNTON BEACH, FL 33435 US

Title: D () Delete
Name: O'CONNOR, DAVID K
Address: 4273 ST. ANDREWS DRIVE
City-St-Zip: BOYNTON BEACH, FL 33436 US

Title: D () Delete
Name: EDELSTEIN, RICHARD N
Address: 52 RIVER DRIVE
City-St-Zip: OCEAN RIDGE, FL 33435 US

Title: D () Delete
Name: DEYOE, LANE A
Address: 4770 BUCIDA ROAD
City-St-Zip: BOYNTON BEACH, FL 33436 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: FERGENSON, JON M
Address: 8011 MUIRHEAD CIRCLE
City-St-Zip: BYNTON BEACH, FL 33437

Title: D () Change (X) Addition
Name: CACERES, CARLOS A
Address: 6003 NW 32ND AVENUE
City-St-Zip: BOA RATON, FL 33496

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: STEVEN J ROONEY

P

01/05/2009

Electronic Signature of Signing Officer or Director

Date