

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000065465

Entity Name: MEDIMAGING, INC.

FILED  
Feb 20, 2009  
Secretary of State

## Current Principal Place of Business:

5922 CATTLEMEN LN  
SUITE 101  
SARASOTA, FL 34232

## New Principal Place of Business:

187 DANBURY ROAD  
WILTON, CT 06897

## Current Mailing Address:

5922 CATTLEMEN LN  
SUITE 101  
SARASOTA, FL 34232

## New Mailing Address:

187 DANBURY ROAD  
WILTON, CT 06897

FEI Number: 20-0040057

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, KEN  
5922 CATTLEMEN LN  
SUITE 101  
SARASOTA, FL 34232 US

## Name and Address of New Registered Agent:

HAWK ISLAND LEASING II, LLC  
3501 CATTLEMEN ROAD  
SUITE C  
SARASOTA, FL 34232 US

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: KEN SMITH

02/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: S/D ( ) Delete  
Name: BAFIA, DANIEL  
Address: 5922 CATTLEMEN LN SUITE 101  
City-St-Zip: SARASOTA, FL 34232

Title: T ( ) Delete  
Name: SMITH, KEN  
Address: 5922 CATTLEMEN LN SUITE 101  
City-St-Zip: SARASOTA, FL 34232

Title: D (X) Delete  
Name: HAWLEY, STUART W  
Address: ONE CANTERBURY GREEN  
City-St-Zip: STAMFORD, CT 06901

Title: D (X) Delete  
Name: BERARDINO, THOMAS  
Address: ONE CANTERBURY GREEN  
City-St-Zip: STAMFORD, CT 06901

Title: D (X) Delete  
Name: ALLEN, RICHARD  
Address: ONE CANTERBURY GREEN  
City-St-Zip: STAMFORD, CT 06901

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change ( ) Addition  
Name: SAUGATUCK ASSOCIATES, IV, INC.  
Address: 187 DANBURY ROAD  
City-St-Zip: WILTON, CT 06897

Title: O (X) Change ( ) Addition  
Name: FAMILY CAPITAL GROWTH PARTNERS, L. P.  
Address: TWO GREENWICH OFFICE PARK  
City-St-Zip: GREENWICH, CT 06831

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: KEN SMITH

RA

02/20/2009

Electronic Signature of Signing Officer or Director

Date