

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000103301

FILED
Mar 15, 2011
Secretary of State

Entity Name: IMAGING MEDICAL SOLUTIONS, INC.

Current Principal Place of Business:

11920 MIRAMAR PARKWAY
MIRAMAR, FL 33025 US

New Principal Place of Business:

543 SAWGRASS CORPORATE PARKWAY
SUNRISE, FL 33325 US

Current Mailing Address:

PO BOX 277855
MIRAMAR, FL 33027

New Mailing Address:

12717 WEST SUNRISE BLVD.
SUITE 373
SUNRISE, FL 33323

FEI Number: 20-0282531

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NIEVES, ISANDER
11920 MIRAMAR PKWY
MIRAMAR, FL 33025 US

Name and Address of New Registered Agent:

NIEVES, ISANDER
12717 WEST SUNRISE BLVD.
SUITE 373
SUNRISE, FL 33323 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:

03/15/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D/P
Name: GARCÍA, RUBÉN A
Address: 12717 WEST SUNRISE BLVD., SUITE 373
City-St-Zip: SUNRISE, FL 33323

Title: D/T
Name: NIEVES, ISANDER
Address: 12717 WEST SUNRISE BLVD., SUITE 373
City-St-Zip: SUNRISE, FL 33323

Title: D/S
Name: GUZMÁN, CÉSAR
Address: 12717 WEST SUNRISE BLVD., SUITE 373
City-St-Zip: SUNRISE, FL 33323

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: ISANDER NIEVES

D/T

03/15/2011

Electronic Signature of Signing Officer or Director

Date