## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000116166

FILED Jun 10, 2009 Secretary of State

Entity Na	me: ADVANC	CED RADIOLOGIST IMAGES, II	NC.		
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	118 AVENUE R, FL 33025				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	118 AVENUE R, FL 33025				
FEI Number	: 20-0316017	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of (	Current Registered Agent:	Name and Address of	New Registered Agent:	
DLR ACCOUNTING CORP. 6336 GRANT STREET HOLLYWOOD, FL 33024 US				ERRIBARI, LUIS G 6336 GRANT STREET HOLLYWOOD, FL 33024 US	
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: LUIS G. ERRIBARI				06/10/2009	
	Electro	nic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did nog Trust Fund Contribution ( ).	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( ERRIBARI, LUI 1891 SW 118 MIRAMAR, FL	AVENUE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	VP ( VIGNOLO, FAN 1891 SW 118 / MIRAMAR, FL	AVENUE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:			Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title:	DT (X	) Delete	Title <sup>.</sup>	( ) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: LUIS G. ERRIBARI P 06/10/2009

VIGNOLO - RIÓS, GUIDO E

1891 SW 118 AVENUE

MIAMI BEACH, FL 33025

Name:

Address:

City-St-Zip: