

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000118969

FILED
Apr 29, 2008
Secretary of State

Entity Name: SOUTHERN CARDIAC IMAGING, INC.

Current Principal Place of Business:

150 NW 75TH DR
SUITE A
GAINESVILLE, FL 32607 US

New Principal Place of Business:

Current Mailing Address:

150 NW 75TH DR
SUITE A
GAINESVILLE, FL 32607 US

New Mailing Address:

FEI Number: 02-0709852 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH HULSEY & BUSEY
225 WATER ST STE 1800
JACKSONVILLE, FL 32202 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: DPT () Delete
Name: BURKE, FLOYD M.D.
Address: 150 NW 75TH DR, SUITE A
City-St-Zip: GAINESVILLE, FL 32607

Title: DVP () Delete
Name: LACAZE, DANNY R
Address: 150 NW 75TH DR, SUITE A
City-St-Zip: GAINESVILLE, FL 32607

Title: DS (X) Delete
Name: ENGWALL, NEAL P
Address: 150 75TH DR, SUITE A
City-St-Zip: GAINESVILLE, FL 32607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: ENGWALL, NEAL P
Address: 150 75TH DR, SUITE A
City-St-Zip: GAINESVILLE, FL 32607

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: FLOYD W. BURKE MD

DPT

04/29/2008

Electronic Signature of Signing Officer or Director

_____ Date