

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000097333

Entity Name: FAWCETT MEDICAL IMAGING, P.A.

FILED
Feb 25, 2009
Secretary of State

Current Principal Place of Business:

21298 OLEAN BLVD
PT CHARLOTTE, FL 33949

New Principal Place of Business:

Current Mailing Address:

C/O RBS
2325 STONEBRIDGE DRIVE
FLINT, MI 48532

New Mailing Address:

FEI Number: 20-1298081

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE HEALTH LAW FIRM
220 E CENTRAL PKWY
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

WEISS, BARRY MD
1074 PT. SEASIDE DRIVE
CRYSTAL BEACH, FL 34681 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: BARRY WEISS, MD

02/25/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WEISS, BARRY
Address: 1074 PT. SEASIDE DRIVE
City-St-Zip: CRYSTAL BEACH, FL 34681

Title: S () Delete
Name: VENKAT, RAMANAN
Address: 4149 MYAKKA PT DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: T () Delete
Name: BIELFET, BRUCE
Address: 1678 DIXIE BEACH BLVD
City-St-Zip: SANIBEL, FL 33957

Title: VP () Delete
Name: OKULSKI, THOMAS
Address: 9410 EDDINGS RD
City-St-Zip: LUTZ, FL 33558

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:

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: BARRY WEISS, MD

PRES

02/25/2009

Electronic Signature of Signing Officer or Director

Date