

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000119238

FILED
Feb 09, 2012
Secretary of State

Entity Name: THE MEDICAL IMAGING PROFESSIONALS, P.A.

Current Principal Place of Business:

1000 WATERMAN WAY
RM 1409
TAVARES, FL 32778

New Principal Place of Business:

Current Mailing Address:

1000 WATERMAN WAY
RM 1409
TAVARES, FL 32778

New Mailing Address:

FEI Number: 20-1501718

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WITTENSTEIN, FRED S MD
1000 WATERMAN WAY
RM 1409
TAVARES, FL 32778 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

OFFICERS AND DIRECTORS:

Title: P
Name: WITTENSTEIN, FRED S M.D.
Address: 220 NEW GATE LOOP
City-St-Zip: HEATHROW, FL 32746

Title: S
Name: SIEGEL, MARC F M.D.
Address: 701 CLUB RIDGE CT.
City-St-Zip: LONGWOOD, FL 32779

Title: T
Name: SIMON, JONATHAN M M.D.
Address: 1734 GREY STONE CT.
City-St-Zip: LONGWOOD, FL 32779

Title: V
Name: KARLINSKY, PAUL R
Address: 1527 ST. EDMUNDS PLACE
City-St-Zip: HEATHROW, FL 32746

Title: V
Name: WATSON, ROHAN
Address: 1000 WATERMAN WAY
City-St-Zip: TAVARES, FL 32778

Title: V
Name: KRISHNAN, RAMASWAMI
Address: 1000 WATERMAN WAY
City-St-Zip: TAVARES, FL 32778

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: FRED S WITTENSTEIN, M.D.

P

02/09/2012

Electronic Signature of Signing Officer or Director

Date