

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000064750

FILED
Apr 25, 2011
Secretary of State

Entity Name: NORTH PORT DIAGNOSTIC IMAGING CENTER, INC.

Current Principal Place of Business:

14243 TAMIAMI TRAIL
NORTH PORT, FL 34287

New Principal Place of Business:

Current Mailing Address:

C/O DAVID A. HOLMES
99 NESBIT STREET
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: 20-2944099 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HOLMES, DAVID A
99 NESBIT STREET
PUNTA GORDA, FL 33950 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: VDT
Name: ROSS, STEPHEN M
Address: 14243 TAMIAMI TRAIL
City-St-Zip: NORTH PORT, FL 34287

Title: PSD
Name: WHITE, JAMES E
Address: 3430 TAMIAMI TRAIL, SUITE B
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: VD
Name: FLESZAR, DAVID
Address: 3430 TAMIAMI TRAIL, SUITE B
City-St-Zip: PORT CHARLOTTE, FL 33952

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: JAMES E WHITE

PSD

04/25/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date