

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000136307

FILED
Mar 17, 2009
Secretary of State

Entity Name: IMAGING SOURCE OF FLORIDA, INC.

Current Principal Place of Business:

7529 SALISBURY RD
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 551467
JACKSONVILLE, FL 32255 US

New Mailing Address:

PO BOX 551467
JACKSONVILLE, FL 322551467 US

FEI Number: 20-3591620

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONTEGA BUSINESS SERVICES, LLC
554 LOMAX STREET
JACKSONVILLE, FL 32204 US

Name and Address of New Registered Agent:

CONTEGA BUSINESS SERVICES, LLC
ONE INDEPENDENT DRIVE
SUITE 1200
JACKSONVILLE, FL 32202 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: G. RAY DRIVER, JR., P

03/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BOBECK, CLIFFORD J
Address: PO BOX 551467
City-St-Zip: JACKSONVILLE, FL 32255 US

Title: DVP (X) Delete
Name: HOFFMAN, ROBERT R
Address: PO BOX 551467
City-St-Zip: JACKSONVILLE, FL 32255 US

Title: DS () Delete
Name: BOBECK, JOHN C
Address: PO BOX 551467
City-St-Zip: JACKSONVILLE, FL 32255 US

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:

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: CLIFFORD JOHN BOBECK

DP

03/17/2009

Electronic Signature of Signing Officer or Director

Date