

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000158514

FILED
Jan 18, 2011
Secretary of State

Entity Name: MIP IMAGING MANAGEMENT CORPORATION

Current Principal Place of Business:

1000 WATERMAN WAY
RM 1409
TAVARES, FL 32778

New Principal Place of Business:

Current Mailing Address:

PO BOX 295
TAVARES, FL 32778

New Mailing Address:

1000 WATERMAN WAY
RM 1409
TAVARES, FL 32778

FEI Number: 20-3882952

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: PRES
Name: WITTENSTEIN, FRED M.D.
Address: P.O. BOX 295
City-St-Zip: TAVARES, FL 32778

Title: SEC
Name: SIEGEL, MARC M.D.
Address: P.O. BOX 295
City-St-Zip: TAVARES, FL 32778

Title: TREA
Name: SIMON, JONATHAN M.D.
Address: P.O. BOX 295
City-St-Zip: TAVARES, FL 32778

Title: ASEC
Name: KARLINSKY, PAUL M.D.
Address: P. O. BOX 295
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

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01/18/2011

Electronic Signature of Signing Officer or Director

Date