

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000024447

1. Entity Name

MAMMOGRAPHY SCREENING CENTERS, INC.



Principal Place of Business

1870 ALOMA AVE.
SUITE #250
WINTER PARK, FL 32789 US

Mailing Address

1870 ALOMA AVE.,
SUITE #250
WINTER PARK, FL 32789 US

FILED

Jul 16, 2008 08:00 AM
Secretary of State



06032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4329129

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FREEDMAN, DAVID
1870 ALOMA AVE.
SUITE #250
WINTER PARK, FL 32789

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FREEDMAN, DAVID M
STREET ADDRESS	28 E ROSEVEAR STREET
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	VP
NAME	PECK, PATRICK D
STREET ADDRESS	4529 CONCORD DRIVE
CITY-ST-ZIP	FAIRVIEW PARK, OH 44126
TITLE	T,S
NAME	PECK, PATRICK D
STREET ADDRESS	4529 CONCORD DRIVE
CITY-ST-ZIP	FAIRVIEW PARK, OH 44126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000955240
07/16/08-80008-005 550.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/08 407-331-6266

Date

Daytime Phone #