

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000036906

FILED  
Oct 14, 2008  
Secretary of State

Entity Name: CENTRAL FLORIDA IMAGING SPECIALISTS, INC.

## Current Principal Place of Business:

1344 S APOLLO BLVD STE 406  
MELBOURNE, FL 32901

## New Principal Place of Business:

## Current Mailing Address:

1344 S APOLLO BLVD STE 406  
MELBOURNE, FL 32901

## New Mailing Address:

FEI Number: 20-4483023

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ANDERSON, J. PATRICK  
930 S HARBOR BLVD STE 505  
MELBOURNE, FL 32901 US

## Name and Address of New Registered Agent:

MAGEE, THOMAS H MD  
1344 S APOLLO BLVD STE 406  
MELBOURNE, FL 32901 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: THOMAS MAGEE

10/14/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: MAGEE, THOMAS H MD  
Address: 1344 S APOLLO BLVD STE 406  
City-St-Zip: MELBOURNE, FL 32901

Title: D ( ) Delete  
Name: WILLIAMS, DAVID S MD  
Address: 1344 S APOLLO BLVD STE 406  
City-St-Zip: MELBOURNE, FL 32901

Title: D ( ) Delete  
Name: RAMNATH, R. RICHARD MD  
Address: 1344 S APOLLO BLVD STE 406  
City-St-Zip: MELBOURNE, FL 32901

## 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: THOMAS MAGEE

DR.

10/14/2008

Electronic Signature of Signing Officer or Director

Date