

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000036906

FILED  
Jun 29, 2009  
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:

2222 S HARBOR CITY BLVD  
MELBOURNE, FL 32901

## Current Mailing Address:

1344 S APOLLO BLVD STE 406  
MELBOURNE, FL 32901

## New Mailing Address:

PO BOX 400  
MELBOURNE, FL 32901

FEI Number: 20-4483023

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

MAGEE, THOMAS H MD  
2222 S HARBOR CITY BLVD  
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:

06/29/2009

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: D (X) Change ( ) Addition  
Name: MAGEE, THOMAS H MD  
Address: 2222 S HARBOR CITY BLVD  
City-St-Zip: MELBOURNE, FL 32901

Title: D (X) Change ( ) Addition  
Name: WILLIAMS, DAVID S MD  
Address: 2222 S HARBOR CITY BLVD  
City-St-Zip: MELBOURNE, FL 32901

Title: D (X) Change ( ) Addition  
Name: RAMNATH, R. RICHARD MD  
Address: 2222 S HARBOR CITY BLVD  
City-St-Zip: MELBOURNE, FL 32901

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

06/29/2009

Electronic Signature of Signing Officer or Director

Date