

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000057973

Entity Name: CLINICORP IMAGING CORP.

FILED  
Jan 27, 2011  
Secretary of State

**Current Principal Place of Business:**

10485 NW 37 TER  
MIAMI, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

10485 NW 37 TER  
MIAMI, FL 33178

**New Mailing Address:**

FEI Number: 20-4753801

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SAAVEDRA, JOSE  
5975 SUNSET DRIVE  
SUITE 504  
MIAMI, FL 33143 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: P  
Name: MOURAD, WILSON  
Address: 2529 ROYAL PALM WAY  
City-St-Zip: WESTON, FL 33327

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: WILSON MOURAD

P

01/27/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date