

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000106716

FILED  
Mar 30, 2009  
Secretary of State

Entity Name: MID FLORIDA RADIOLOGY CENTERS, P.A.

## Current Principal Place of Business:

955 TOWN CENTER DRIVE  
SUITE 200  
ORANGE CITY, FL 32763

## New Principal Place of Business:

## Current Mailing Address:

642 BROADOAK LOOP  
SANFORD, FL 32771

## New Mailing Address:

955 TOWN CENTER DRIVE  
SUITE 200  
ORANGE CITY, FL 32763

FEI Number: 20-5403591

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VERMA, RINKI  
955 TOWN CENTER DR.  
SUITE 200  
ORANGE CITY, FL 32763 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: MS. ( ) Delete  
Name: VERMA, RINKI  
Address: 955 TOWN CENTER DR. SUITE 200  
City-St-Zip: ORANGE CITY, FL 32763

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: RINKI VERMA

MS

03/30/2009

Electronic Signature of Signing Officer or Director

Date