2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008
Secretary of State

DOCUMENT# P07000015969

Entity Name: CENTRAL FLORIDA MEDICAL IMAGING, P.A.

Current Principal Place of Business:

742 W PLYMOUTH AVE
DELAND, FL 32720

New Principal Place of Business:

701 W. PLYMOUTH AVENUE
DELAND, FL 32720

Current Mailing Address:

742 W PLYMOUTH AVE
DELAND, FL 32720

New Mailing Address:

C/O RBS; 2325 STONEBRIDGE DRIVE
FLINT, MI 48532

FEI Number: 20-8385072 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DINKLA, HENDRIK MD
742 W PLYMOUTH AVE
DELAND, FL 32720 US

Name and Address of New Registered Agent:

OSORIO, ALEXANDRA MD
5023 MAPLE GLEN PLACE
SANFORD, FL 32771 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: ALEXANDRA OSORIO, M.D. 01/31/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DINKLA, HENDRIK MD
Address: 742 W PLYMOUTH AVE
City-St-Zip: DELAND, FL 32720

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: OSORIO, ALEXANDRA MD
Address: 5023 MAPLE GLEN PLACE
City-St-Zip: SANFORD, FL 32771

Title: T-S ( ) Change (X) Addition
Name: GOLDBERG, PAUL A
Address: 321 HAMPTON HILLS COURT
City-St-Zip: DEBARY, FL 32713

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: ALEXANDRA OSORIO, M.D. PRES 01/31/2008
Electronic Signature of Signing Officer or Director Date