

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000015969

FILED
Jan 23, 2009
Secretary of State

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

Current Principal Place of Business:

701 W. PLYMOUTH AVENUE
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-8385072

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SEC () Change (X) Addition
Name: PINEIRO, SERGIO DO
Address: 19 CAMBRIDGE TRACE
City-St-Zip: ORMOND BEACH, FL 32746

Title: VP () Change (X) Addition
Name: GERSTEN, KENNETH MD
Address: 299 EVANS DALE ROAD
City-St-Zip: LAKE MARY, FL 32746

Title: PTNR () Change (X) Addition
Name: DANA, FRANKLIN MD
Address: 3685 JOHN ANDERSON DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: PTNR () Change (X) Addition
Name: GOLLA, BHASKAR
Address: 9 MOSS POINT DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

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, MD

PRES

01/23/2009

Electronic Signature of Signing Officer or Director

Date