2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000015969

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

FILED Jan 24, 2011 Secretary of State

New Principal Place of Business: Current Principal Place of Business:

701 W. PLYMOUTH AVENUE DELAND, FL 32720

Current Mailing Address: New Mailing Address:

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

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

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

PRITCHARD, ROBERT H ROGERS, TOWERS, PA 1301 RIVÉRPLACE BLVD., SUITE 1500 JACKSONVILLE, FL 32207 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title:

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

Title:

Name: GOLDBERG, PAUL A 321 HAMPTON HILLS COURT Address: DEBARY, FL 32713 City-St-Zip:

Title: SEC

PINEIRO, SERGIO DO Name: 19 CAMBRIDGE TRACE Address: City-St-Zip: ORMOND BEACH, FL 32174

Title: VΡ

GERSTEN, KENNETH MD Name: Address: 299 EVANSDALE ROAD City-St-Zip: LAKE MARY, FL 32746

Title: **PTNR**

Name: DANA, FRANKLIN MD 3685 JOHN ANDERSON DRIVE Address: City-St-Zip: ORMOND BEACH, FL 32176

Title: PTNR

Name: GOLLA, BHASKAR 9 MOSS POINT DRIVE Address: City-St-Zip: ORMOND BEACH, FL 32174

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: ALEXANDRA OSORIO, MD **PRES** 01/24/2011