2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2012
Secretary of State

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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:

PRITCHARD, ROBERT H
ROGERS, TOWERS, PA
1301 RIVERPLACE BLVD., SUITE 1500
JACKSONVILLE, FL 32207 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: PRES
Name: OSORIO, ALEXANDRA MD
Address: 5023 MAPLE GLEN PLACE
City-St-Zip: SANFORD, FL 32771

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

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

Title: TRS
Name: HURST, LARRY MD
Address: 1948 ALAQUA DRIVE
City-St-Zip: LONGWOOD, FL 32779

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

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 PRES 01/30/2012

Electronic Signature of Signing Officer or Director — Date