

# **2008 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P07000047541

**FILED**  
**Nov 14, 2008**  
**Secretary of State**

**Entity Name:** MEDICAL IMAGING RENTALS INC

**Current Principal Place of Business:**

313 NIXON DR  
IMMOKALEE, FL 33414

**New Principal Place of Business:**

313 NIXON DR  
IMMOKALEE, FL 34142

**Current Mailing Address:**

313 NIXON DR  
IMMOKALEE, FL 33414

**New Mailing Address:**

**FEI Number:** 20-8866193      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

CILING, SAMMY  
313 NIXON DR  
IMMOKALEE, FL 33414      US

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

CILING, SAMMY  
313 NIXON DR  
IMMOKALEE, FL 34142      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: SC

11/14/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: CILING, SAMMY  
Address: 313 NIXON DR  
City-St-Zip: IMMOKALEE, FL 33414

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P      (X) Change ( ) Addition  
Name: CILING, SAMMY  
Address: 313 NIXON DR  
City-St-Zip: IMMOKALEE, FL 34142

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: SC

PRES

11/14/2008

Electronic Signature of Signing Officer or Director

Date