

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000047541

FILED  
Jun 15, 2009  
Secretary of State

Entity Name: MEDICAL IMAGING RENTALS INC

**Current Principal Place of Business:**

313 NIXON DR  
IMMOKALEE, FL 34142

**New Principal Place of Business:**

**Current Mailing Address:**

313 NIXON DR  
IMMOKALEE, FL 33414

**New Mailing Address:**

44600 EL CALAMAR ROAD  
TEMECULA, CA 92590

FEI Number: 20-8866193

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CILING, SAMMY  
313 NIXON DR  
IMMOKALEE, FL 34142 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

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 34142

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

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

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

06/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date