

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000047541

**FILED**  
**Jan 09, 2012**  
**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:**

44600 EL CALAMAR ROAD  
TEMECULA, CA 92590

**New Mailing Address:**

**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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** CILING, SAMMY  
**Address:** 313 NIXON DR  
**City-St-Zip:** IMMOKALEE, FL 34142

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:** SAMMY CILING

PRES

01/09/2012

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

\_\_\_\_\_  
Date