

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000123367

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA NEUROIMAGING ASSOCIATES, P.A.

**Current Principal Place of Business:**

200 2ND AVE SOUTH, STE 513  
ST. PETERSBURG, FL 33701 US

**New Principal Place of Business:**

**Current Mailing Address:**

200 2ND AVE SOUTH, STE 513  
ST. PETERSBURG, FL 33701 US

**New Mailing Address:**

**FEI Number:** 30-0449429

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAZACK, NASSER  
200 2ND AVE SOUTH  
SUITE 513  
ST. PETERSBURG, FL 33701 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: MGRM  
Name: RAZACK, NASSER M.D.  
Address: 200 2ND AVE SOUTH, STE 513  
City-St-Zip: ST. PETERSBURG, FL 33701 US

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: NASSER RAZACK

MR

01/10/2011

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

\_\_\_\_\_  
Date