

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000134198

Entity Name: MERIDIAN TELERADIOLOGY, INC.

FILED
Jan 20, 2009
Secretary of State

Current Principal Place of Business:

6065 N. TROPICAL TRAIL
MERRITT ISLAND, FL 32953

New Principal Place of Business:

Current Mailing Address:

6065 N. TROPICAL TRAIL
MERRITT ISLAND, FL 32953

New Mailing Address:

FEI Number: 26-1616408

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AARON, DORN
6065 N TROPICAL TRAIL
MERRITT ISLAND, FL 32953 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DORN, AARON P
Address: 6065 N TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VP () Delete
Name: DORN, JONATHAN S
Address: 6065 N TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32953

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRIN (X) Change () Addition
Name: DORN, AARON P
Address: 6065 N TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32953

Title: PRIN (X) Change () Addition
Name: DORN, JONATHAN S
Address: 6065 N TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32953

Title: PRIN () Change (X) Addition
Name: TROTMAN, KEN
Address: 524 HUFFMAN ROAD SUITE C
City-St-Zip: BIRMINGHAM, AB 35215

Title: PRIN () Change (X) Addition
Name: TROTMAN, AMBER
Address: 524 HUFFMAN ROAD SUITE C
City-St-Zip: BIRMINGHAM, AB 35215

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: AARON DORN

PRIN

01/20/2009

Electronic Signature of Signing Officer or Director

_____ Date