

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000005963

FILED  
Apr 07, 2011  
Secretary of State

Entity Name: ALLIANCE MEDICAL EQUIPMENT, INC.

## Current Principal Place of Business:

14355 SW 120 ST.  
STE. 101  
MIAMI, FL 33186

## New Principal Place of Business:

## Current Mailing Address:

14355 SW 120 ST.  
STE. 101  
MIAMI, FL 33186

## New Mailing Address:

227 WASHINGTON STREET  
STE. 210  
CONSHOHOCKEN, PA 19428

FEI Number: 26-1851481

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GONZALEZ, MARTIN  
14355 SW 120 ST.  
STE. 101  
MIAMI, FL 33186 US

## Name and Address of New Registered Agent:

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: CT CORPORATION SYSTEM

04/07/2011

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PRES  
Name: CAPPER, JOSEPH  
Address: 227 WASHINGTON STREET  
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: CFO  
Name: GETZ, HEATHER  
Address: 227 WASHINGTON STREET  
City-St-Zip: CONSHOHOCKEN, PA 19428

Title: VPSE  
Name: FEROLA, PETER  
Address: 227 WASHINGTON STREET  
City-St-Zip: CONSHOHOCKEN, PA 19428

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: PETER FEROLA

VPSE

04/07/2011

Electronic Signature of Signing Officer or Director

Date