2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P08000076054

Entity Name: LAKE WALES MEDICAL IMAGING CENTER ONE, INC.

Current Principal Place of Business:

1255 HIGHWAY 60 EAST
110
LAKE WALES, FL 33853

New Principal Place of Business:

Current Mailing Address:

1255 HIGHWAY 60 EAST
110
LAKE WALES, FL 33853

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PRESLEY, MICHAEL R ESQ.
10006 CROSS CREEK BLVD.
521
TAMPA, FL 33647 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: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MGR ( ) Change (X) Addition
Name: CHANDRASEKHAR, KOLLAGUNTA
Address: 1255 STATE ROAD 60 E
City-St-Zip: LAKE WALES, FL 33853

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: KOLLAGUNTA CHANDRASEKHAR MGR 04/30/2009

Electronic Signature of Signing Officer or Director — Date