

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000080753

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**Entity Name:** ENCORE MEDICAL IMAGING, INC.

**Current Principal Place of Business:**

2817 SE 8TH PLACE  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 101243  
CAPE CORAL, FL 33910

**New Mailing Address:**

**FEI Number:** 36-4639847      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MCCABE, JOSEPH A  
2817 SE 8TH PLACE  
CAPE CORAL, FL 33904      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:** D  
**Name:** MCCABE, JOSEPH A  
**Address:** 2817 SE 8TH PLACE  
**City-St-Zip:** CAPE CORAL, FL 33904

**Title:** P  
**Name:** MOSS-SOLOMON, CATHERINE R  
**Address:** 23369 MCQUEENEY AVE  
**City-St-Zip:** PORT CHARLOTTE, FL 33980

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: JOSEPH MCCABE

D

04/19/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date