

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000091399

FILED
Jan 23, 2009
Secretary of State

Entity Name: COMMUNITY MEDICAL IMAGING, P.A.

Current Principal Place of Business:

3000 MEDICAL PARK
TAMPA, FL 33613

New Principal Place of Business:

3000 MEDICAL PARK
100
TAMPA, FL 33613

Current Mailing Address:

2325 STONEBRIDGE DRIVE, BLDG. C
FLINT, MI 48532

New Mailing Address:

FEI Number: 26-3509230

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRITCHARD, ROBERT H ESQ
1301 RIVERPLACE BOULEVARD, SUITE 1500
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

REED, KATHERINE
4916 ANDROS DRIVE
TAMPA, FL 33629 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: KATHERINE REED, MD

01/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: REED, KATHERINE MD
Address: 4916 ANDROS DRIVE
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KATHERINE REED, MD

PRES

01/23/2009

Electronic Signature of Signing Officer or Director

Date