

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000091399

FILED  
Jan 08, 2010  
Secretary of State

**Entity Name:** COMMUNITY MEDICAL IMAGING, P.A.

**Current Principal Place of Business:**

3000 MEDICAL PARK  
100  
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:**

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

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: KATHERINE REED, MD

PRES

01/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date