

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000102520

FILED
Jul 01, 2009
Secretary of State

Entity Name: ADVANCED IMAGING SPECIALISTS, P.A.

Current Principal Place of Business:

3594 S. OCEAN BLVD.
UNIT 503
HIGHLAND BEACH, FL 33487

New Principal Place of Business:

Current Mailing Address:

3594 S. OCEAN BLVD.
UNIT 503
HIGHLAND BEACH, FL 33487

New Mailing Address:

FEI Number: 26-3757379 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENBERG & STRELITZ, P.A.
2500 N. MILITARY TRAIL
SUITE 235
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

KAZA, MADHAVI B
3594 S. OCEAN BLVD
UNIT 503
HIGHLAND BEACH, FL 33487 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: MADHAVI KAZA

07/01/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D,P () Delete
Name: BATTINENI KAZA, MADHAVI D.O.
Address: 3594 S. OCEAN BLVD., UNIT 503
City-St-Zip: HIGHLAND BEACH, FL 33487

Title: S,T () Delete
Name: KAZA, SRINIVAS M.D.
Address: 3594 S. OCEAN BLVD., UNIT 503
City-St-Zip: HIGHLAND BEACH, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D,P (X) Change () Addition
Name: KAZA, MADHAVI B D.O.
Address: 3594 S. OCEAN BLVD., UNIT 503
City-St-Zip: HIGHLAND BEACH, FL 33487

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: MADHAVI KAZA

D,P

07/01/2009

Electronic Signature of Signing Officer or Director

Date