

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000102520

FILED  
Jan 06, 2011  
Secretary of State

**Entity Name:** ADVANCED IMAGING SPECIALISTS, P.A.

**Current Principal Place of Business:**

16299 BRISTOL POINTE DR  
DELRAY BEACH, FL 33446

**New Principal Place of Business:**

**Current Mailing Address:**

16299 BRISTOL POINTE DR  
DELRAY BEACH, FL 33446

**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:**

KAZA, MADHAVI B  
16299 BRISTOL POINTE DR  
DELRAY BEACH, FL 33446 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,P  
Name: KAZA, MADHAVI B D.O.  
Address: 16299 BRISTOL POINTE DR  
City-St-Zip: DELRAY BEACH, FL 33446

Title: S,T  
Name: KAZA, SRINIVAS M.D.  
Address: 16299 BRISTOL POINTE DR  
City-St-Zip: DELRAY BEACH, FL 33446

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: MADHAVI B KAZA

P

01/06/2011

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

\_\_\_\_\_ Date