

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000040167

FILED
Jun 13, 2012
Secretary of State

Entity Name: EXCELSIOR MEDICAL IMAGING, INC.

Current Principal Place of Business:

5601 SE HWY 42
SUMMERFIELD, FL 34491 US

New Principal Place of Business:

Current Mailing Address:

5601 SE HWY 42
SUMMERFIELD, FL 34491 US

New Mailing Address:

FEI Number: 27-0146460

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMSON, ERICKA
5601 SE HWY 42
SUMMERFIELD, FL 34491 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: P
Name: WILLIAMSON, MALCOLM E II
Address: 5601 SE HWY 42
City-St-Zip: SUMMERFIELD, FL 34491

Title: VP
Name: WILLIAMSON, ERICKA
Address: 5601 SE HWY 42
City-St-Zip: OCALA, FL 34491 US

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: MALCOLM E WILLIAMSON II

PRES

06/13/2012

Electronic Signature of Signing Officer or Director

Date