

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000059907

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

**Entity Name:** RADIANCE RADIOLOGY - MOBILE X-RAY AND ECG, INC.

**Current Principal Place of Business:**

911 CANDLELIGHT BLVD  
BROOKSVILLE, FL 34601

**New Principal Place of Business:**

2146 SUNNYDALE BLVD  
STE D  
CLEARWATER, FL 33765

**Current Mailing Address:**

911 CANDLELIGHT BLVD  
BROOKSVILLE, FL 34601

**New Mailing Address:**

2146 SUNNYDALE BLVD  
STE D  
CLEARWATER, FL 33765

**FEI Number:** 27-0544775

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SALAMAKHA, ANDREY  
1349 IMPATIENS CT  
TRINITY, FL 34655 US

**Name and Address of New Registered Agent:**

SALAMAKHA, ANDREY  
3228 DOWNAN POINT DR  
LAND O LAKES, FL 34638 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:** ANDREY SALAMAKHA

02/18/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** SALAMAKHA, ANDREY  
**Address:** 3228 DOWNAN POINT DR  
**City-St-Zip:** LAND O LAKES, FL 34638

**Title:** VP  
**Name:** SHVAYA, MARIYA  
**Address:** 3228 DOWNAN POINT DR  
**City-St-Zip:** LAND O LAKES, FL 34638

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:** ANDREY SALAMAKHA

PRES

02/18/2010

Electronic Signature of Signing Officer or Director

Date