

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000060133

FILED
Feb 18, 2011
Secretary of State

Entity Name: ALL CARE MEDICAL IMAGES CORP.

Current Principal Place of Business:

20515 E. COUNTRY CLUB DRIVE
1149
AVENTURA, FL 33180

New Principal Place of Business:

20505 E. COUNTRY CLUB DRIVE
1239
AVENTURA, FL 33180

Current Mailing Address:

20515 E. COUNTRY CLUB DRIVE
1149
AVENTURA, FL 33180

New Mailing Address:

20505 E. COUNTRY CLUB DRIVE
1239
AVENTURA, FL 33180

FEI Number: 27-0552551

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PINEDO, GUILLERMO L
20515 E. COUNTRY CLUB DRIVE, SUITE 1149
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

PINEDO, GUILLERMO L
20505 E. COUNTRY CLUB DRIVE, SUITE 1239
1239
AVENTURA, FL 33180 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: GUILLERMO GOMEZ PINEDO

02/18/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP
Name: DE CASTRO, JULIANA ROSA N VP
Address: 20505 E. COUNTRY CLUB DRIVE, SUITE 1239
City-St-Zip: AVENTURA, FL 33180

Title: MG
Name: GOMEZ, GUILLERMO P MANAGER
Address: 20505 E. COUNTRY CLUB DRIVE SUITE 1239
City-St-Zip: AVENTURA, FL 33180

Title: MG
Name: PINEDO, GUILLERMO L MG
Address: 20505 E. COUNTRY CLUB DRIVE SUITE 1239
City-St-Zip: AVENTURA, FL 33180

Title: VP
Name: CASTRO, JULIANA VP
Address: 20505 E. CONTRY CLUB DRIVE SUITE 1239
City-St-Zip: AVENTURA, FL 33180

Title: VP
Name: CASTRO, JULIANA VP
Address: 20505 E. COUNTRY CLUB DRIVE SUITE 1239
City-St-Zip: AVENTURA, FL 33180

Title: MG
Name: PINEDO, GUILLERMO L MANAGER
Address: 20505 E. COUNTRY CLUB DRIVE
City-St-Zip: AVENTURA, FL 33180

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: GUILLERMO GOMEZ PINEDO

MG

02/18/2011

Electronic Signature of Signing Officer or Director

Date