

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000007606

**FILED**  
**Jan 26, 2012**  
**Secretary of State**

**Entity Name:** VIRTUAL IMAGING SLEEP CARE, CORP

**Current Principal Place of Business:**

9835 SW 72ND ST., SUITE 107  
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

9835 SW 72ND ST., SUITE 107  
MIAMI, FL 33173

**New Mailing Address:**

7101 SW 99TH AVE  
106  
MIAMI, FL 33173

**FEI Number:** 27-1962264

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CATTAN, ROGELIO MD  
9835 SW 72ND ST., SUITE 107  
MIAMI, FL 33173 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: PTD  
Name: CATTAN, ROGELIO MD  
Address: 9835 SW 72ND ST., SUITE 107  
City-St-Zip: MIAMI, FL 33173

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: ROGELIO CATTAN, MD

PD

01/26/2012

Electronic Signature of Signing Officer or Director

Date