

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000032449

Entity Name: IMAGE SURGICAL CENTER, INC

**FILED**  
**Feb 07, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

8360 SW 8TH STREET  
MIAMI, FL 33144 US

## **New Principal Place of Business:**

8364 SW 8TH STREET  
MIAMI, FL 33144 US

## **Current Mailing Address:**

8360 SW 8TH STREET  
MIAMI, FL 33144 US

## **New Mailing Address:**

8364 SW 8TH STREET  
MIAMI, FL 33144 US

FEI Number: 27-2364196

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VAZQUEZ, MONICA  
8360 SW 8TH STREET  
MIAMI, FL 33144 US

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

VAZQUEZ, MONICA  
8364 SW 8TH STREET  
MIAMI, FL 33144 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:

02/07/2011

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: P  
Name: VAZQUEZ, MONICA P  
Address: 8364 SW 8TH STREET  
City-St-Zip: MIAMI, FL 33144 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: MONICA VAZQUEZ

MRS

02/07/2011

Electronic Signature of Signing Officer or Director

Date