

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000038342

FILED
Apr 23, 2012
Secretary of State

Entity Name: CLEVELAND RADIOLOGY CENTER INC.

Current Principal Place of Business:

12995 S. CLEVELAND AVE. #182
FORT MYERS, FL 33907

New Principal Place of Business:

12995 S. CLEVELAND AVE. #182
FORT MYERS, FL 33907 US

Current Mailing Address:

12995 S. CLEVELAND AVE. #182
FORT MYERS, FL 33907

New Mailing Address:

12995 S. CLEVELAND AVE. #182
FORT MYERS, FL 33907 US

FEI Number: 27-2501912

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARIN, MARLENE
12995 S. CLEVELAND AVE. #182
FORT MYERS, FL 33907 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: MARIN, MARLENE
Address: 12995 S. CLEVELAND AVE. #182
City-St-Zip: FORT MYERS, FL 33907 US

Title: VP
Name: PEREZ, FRANCISCO
Address: 12995 S. CLEVELAND AVE. #182
City-St-Zip: FORT MYERS, FL 33907 US

Title: N
Name: FONSECA, MARIO
Address: 12995 S. CLEVELAND AVE. #182
City-St-Zip: FORT MYERS, FL 33907 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: MARLENE MARIN

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04/23/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date