2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2011
Secretary of State

DOCUMENT# P10000076029

Entity Name: ADVANCED MEDICAL IMAGING PHYSICIANS, INC.

Current Principal Place of Business:

2000 WEST COMMERCIAL BOULEVARD
115
FORT LAUDERDALE, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

2000 WEST COMMERCIAL BOULEVARD
115
FORT LAUDERDALE, FL 33309 US

New Mailing Address:

FEI Number: 27-3508567 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OSTROW, JEFFREY M ESQ.
200 SW 1ST AVENUE
1200
FORT LAUDERDALE, FL 33301 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: D
Name: MACKMAN, DENNIS MD
Address: 2000 W. COMMERCIAL BOULEVARD, STE. 115
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: D
Name: RING, DAVID MD
Address: 2000 W. COMMERCIAL BOULEVARD, STE. 115
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: D
Name: STALLER, BRETT MD
Address: 2000 W. COMMERCIAL BOULEVARD, STE. 115
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: D
Name: AUSTER, BRIAN MD
Address: 2000 W. COMMERCIAL BOULEVARD, STE. 115
City-St-Zip: FORT LAUDERDALE, FL 33309 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: BRETT STALLER D 02/18/2011

Electronic Signature of Signing Officer or Director Date