

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000076029

FILED  
Mar 07, 2012  
Secretary of State

**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:**

1801 S. PERIMETER RD  
180  
FORT LAUDERDALE, FL 33309 US

**Current Mailing Address:**

2000 WEST COMMERCIAL BOULEVARD  
115  
FORT LAUDERDALE, FL 33309 US

**New Mailing Address:**

1801 S. PERIMETER RD  
180  
FORT LAUDERDALE, FL 33309 US

**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: 1801 S. PERIMETER RD SUITE 180  
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: D  
Name: RING, DAVID MD  
Address: 1801 S. PERIMETER RD SUITE 180  
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: D  
Name: STALLER, BRETT MD  
Address: 1801 S. PERIMETER RD SUITE 180  
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: D  
Name: AUSTER, BRIAN MD  
Address: 1801 S. PERIMETER RD SUITE 180  
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: DAVID RING

D

03/07/2012

Electronic Signature of Signing Officer or Director

Date