

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000091539

**FILED**  
**Feb 23, 2012**  
**Secretary of State**

**Entity Name:** PRECISION MED IMAGING, INC

**Current Principal Place of Business:**

143 MANDOLIN DRIVE  
WINTER HAVEN, FL 33884

**New Principal Place of Business:**

449 LAKE RUBY PL  
WINTER HAVEN, FL 33884

**Current Mailing Address:**

143 MANDOLIN DRIVE  
WINTER HAVEN, FL 33884

**New Mailing Address:**

449 LAKE RUBY PL  
WINTER HAVEN, FL 33884

**FEI Number:** 27-3894095

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PALMER, EDWARD  
143 MANDOLIN DRIVE  
WINTER HAVEN, FL 33884 US

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

PALMER, EDWARD  
449 LAKE RUBY PL  
WINTER HAVEN, FL 33884 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: EDWARD J PALMER

02/23/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: PALMER, EDWARD J  
Address: 449 LAKE RUBY PL  
City-St-Zip: WINTER HAVEN, FL 33884 US

Title: VP  
Name: FULLER, MICHAEL  
Address: 7721 FAIRGREEN ROAD  
City-St-Zip: BALTIMORE, MD 21222

Title: VP  
Name: WILSON, ALENZO  
Address: 9907 MILLERS RUN RD  
City-St-Zip: RICHMOND, VA 23236

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: EDWARD J PALMER

P

02/23/2012

Electronic Signature of Signing Officer or Director

Date