2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2012
Secretary of State

DOCUMENT# P11000066014

Entity Name: CERTIFIED MEDICAL IMAGING, INC

Current Principal Place of Business:

297 NW 118 TERRACE
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

297 NW 118 TERRACE
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GOYKHMAN, GARY
297 NW 118 TERRACE
CORAL SPRINGS, FL 33071 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: PRES
Name: GOYKHMAN, GARY RDMS
Address: 297 NW 118 TERRACE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VP
Name: BELLUYAN, HAYKANUSH ASCP
Address: 297 NW 118 TERRACE
City-St-Zip: CORAL SPRINGS, FL 33071

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: G.GOYKHMAN PRES 04/27/2012

Electronic Signature of Signing Officer or Director Date