

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000023879

FILED
Jan 31, 2011
Secretary of State

Entity Name: DIAGNOSTIC CLINIC MEDICAL GROUP, P.A.

Current Principal Place of Business:

1301 2ND AVENUE SW
LARGO, FL 33770 US

New Principal Place of Business:

Current Mailing Address:

1301 2ND AVENUE SW
LARGO, FL 33770 US

New Mailing Address:

FEI Number: 59-3307922 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

TK REGISTERED AGENT, INC.
101 E. KENNEDY BLVD.
SUITE 2700
TAMPA, FL 33602 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: CAMPBELL, H. CHARLES MD
Address: 1301 2ND AVENUE SW
City-St-Zip: LARGO, FL 33770 US

Title: V
Name: THOMPSON, MICHAEL J MD
Address: 1301 2ND AVENUE SW
City-St-Zip: LARGO, FL 33770 US

Title: T
Name: GOLDSTEIN, WARREN J MD
Address: 1301 2ND AVENUE SW
City-St-Zip: LARGO, FL 33770

Title: D
Name: WALLACE, PAUL MD
Address: 1301 2ND AVENUE SW
City-St-Zip: LARGO, FL 33770

Title: S
Name: REQUENA, RICARDO DO
Address: 1301 2ND AVENUE SW
City-St-Zip: LARGO, FL 33770

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: H. CHARLES CAMPBELL, MD

P

01/31/2011

Electronic Signature of Signing Officer or Director

_____ Date