

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000023879

FILED  
Feb 10, 2012  
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: DEUTSCHER, EDWARD M MD  
Address: 1301 2ND AVENUE SW  
City-St-Zip: LARGO, FL 33770

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

Title: S  
Name: SHOBE, ROBERT N MD  
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

02/10/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date