

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P95000064693

**FILED**  
**Mar 22, 2011**  
**Secretary of State**

**Entity Name:** CERTIFIED IMAGING ASSOCIATES, INC.

**Current Principal Place of Business:**

19000 SW 50 STREET  
FT LAUDERDALE, FL 33332

**New Principal Place of Business:**

**Current Mailing Address:**

19000 SW 50 STREET  
FT LAUDERDALE, FL 33332

**New Mailing Address:**

**FEI Number:** 65-0603961

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SGARLATA, MARK A  
19000 SW 50 STREET  
FT LAUDERDALE, FL 33332 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:** MARK SGARLATA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** SGARLATA, MARK A  
**Address:** 19000 SW 50 STREET  
**City-St-Zip:** FT LAUDERDALE, FL 33332

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:** MARK SGARLATA

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

03/22/2011

\_\_\_\_\_  
Date