

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000039188

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Entity Name:** PASCO CARDIAC NUCLEAR IMAGING, INC.

**Current Principal Place of Business:**

5626 GULF DRIVE  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

**Current Mailing Address:**

5626 GULF DRIVE  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

6633 FOREST AVENUE  
302  
NEW PORT RICHEY, FL 34652

**FEI Number:** 59-3381794

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOLDMAN, STEPHEN A M.D.  
5626 GULF DRIVE  
NEW PORT RICHEY, FL 34652 US

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

GOLDMAN, STEPHEN A M.D.  
6633 FOREST AVENUE  
302  
NEW PORT RICHEY, FL 34652 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:

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

01/10/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: MD  
Name: GOLDMAN, STEPHEN A M.D.  
Address: 6633 FOREST AVENUE, SUITE 302  
City-St-Zip: NEW PORT RICHEY, FL 34652

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: STEPHEN A. GOLDMAN

PRES

01/10/2011

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

\_\_\_\_\_  
Date