2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 14, 2009
Secretary of State

DOCUMENT# P98000018156

Entity Name: MEDICAL DIAGNOSTIC IMAGING OF JUPITER, INC.

Current Principal Place of Business:

1290 BIMINI LANE
SINGER ISLAND, FL 33404 US

New Principal Place of Business:

Current Mailing Address:

1290 BIMINI LANE
SINGER ISLAND, FL 33404 US

New Mailing Address:

FEI Number: 65-0825961 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REID, JUSTUS W
REID & ZOBEL, P.A. ESPERANTE BLDG
222 LAKEVIEW AVENUE, SUITE 1160
WEST PALM BEACH, FL 33401 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HOFFMAN, MICHAEL
Address: 393 MALLARD POINT
City-St-Zip: JUPITER, FL 33458

Title: D ( ) Delete
Name: SARNER, RICHARD A
Address: 168 COMMODORE DR
City-St-Zip: JUPITER, FL 33477

Title: D ( ) Delete
Name: SAUL, NEAL
Address: 1290 BIMINI LANE
City-St-Zip: SINGER ISLAND, FL 33404 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NEAL SAUL D 08/14/2009

Electronic Signature of Signing Officer or Director Date