

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000092523

FILED  
Apr 30, 2005  
Secretary of State

**Entity Name:** ADVANCED IMAGING CENTER OF CLERMONT, INC.

**Current Principal Place of Business:**

262 MOHAWK RD  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

2711 REW CIRCLE  
STE D  
OCOE, FL 34761

**New Mailing Address:**

**FEI Number:** 59-3541619

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TALBERT, TONY  
2711 REW CIRCLE  
STE D  
OCOE, FL 34761 US

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

DUBSKY, ROMAN  
2711 REW CIRCLE  
STE D  
OCOE, FL 34761 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:** ROMAN DUBSKY

04/30/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D ( ) Delete  
**Name:** TALBERT, TONY  
**Address:** 2711 REW CIRCLE ,STE D  
**City-St-Zip:** OCOE, FL 34761

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** D (X) Change ( ) Addition  
**Name:** DUBSKY, ROMAN  
**Address:** 2711 REW CIRCLE ,STE D  
**City-St-Zip:** OCOE, FL 34761

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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:** ROMAN DUBSKY

D

04/30/2005

Electronic Signature of Signing Officer or Director

Date