

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000092523

FILED
Apr 18, 2009
Secretary of State

Entity Name: ADVANCED IMAGING CENTER OF CLERMONT, INC.

Current Principal Place of Business:

262 MOHAWK RD
MINNEOLA, FL 34715

New Principal Place of Business:

4447 WINDSMERE BLVD
ORLANDO, FL 32835

Current Mailing Address:

262 MOHAWK ROAD
MINNEOLA, FL 34715

New Mailing Address:

4447 WINDSMERE BLVD
ORLANDO, FL 32835

FEI Number: 59-3541619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUBSKY, ROMAN
262 MOHAWK ROAD
MINNEOLA, FL 34715 US

Name and Address of New Registered Agent:

TALBERT, TONY
4447 WINDSMERE BLVD
ORLANDO, FL 32835 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: TONY TALBERT

04/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DUBSKY, ROMAN
Address: 262 MOHAWK ROAD
City-St-Zip: MINNEOLA, FL 34715

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DUBSKY, ROMAN
Address: 4447 WINDSMERE BLVD
City-St-Zip: ORLANDO, FL 32835

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: ROMAN DUBSKY

PRES

04/18/2009

Electronic Signature of Signing Officer or Director

Date