

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000027672

FILED  
Jan 31, 2008  
Secretary of State

Entity Name: NATIONAL MUSCULOSKELETAL IMAGING, INC.

**Current Principal Place of Business:**

629-A EAST HILLSBORO BLVD  
DEERFIELD BEACH, FL 33441

**New Principal Place of Business:**

**Current Mailing Address:**

629-A EAST HILLSBORO BLVD  
DEERFIELD BEACH, FL 33441

**New Mailing Address:**

FEI Number: 65-0906162

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KAREN, JODAT  
629-A EAST HILLSBORO BLVD  
DEERFIELD BEACH, FL 33441 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: M.D. ( ) Delete  
Name: HOFFMAN, CARY MD  
Address: 629-A EAST HILLSBORO BLVD  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: M.D. ( ) Delete  
Name: ZLATKIN, MICHAEL MD  
Address: 629-A EAST HILLSBORO BLVD  
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: M.D. ( ) Delete  
Name: SANDERS, TIMOTHY G MD  
Address: 629-A EAST HILLSBORO BLVD  
City-St-Zip: DEERFIELD BEACH, FL 33441

**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: CARY HOFFMAN, M.D.

VP

01/31/2008

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

\_\_\_\_\_  
Date