

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000027672

FILED
Jun 17, 2010
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

OFFICERS AND DIRECTORS:

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

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

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

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: CARY HOFFMAN

VP

06/17/2010

Electronic Signature of Signing Officer or Director

Date