

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000036500

**FILED**  
**Apr 21, 2010**  
**Secretary of State**

**Entity Name:** HENDRY DIAGNOSTIC IMAGING CENTER, INC.

**Current Principal Place of Business:**

1008 WEST SAGAMORE AVE  
CLEWISTON, FL 33440

**New Principal Place of Business:**

**Current Mailing Address:**

3011 S.W. 10TH AVE  
CAPE CORAL, FL 33914

**New Mailing Address:**

FEI Number: 65-0916106

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BASILE, VICTOR C  
3011 S.W. 10TH AVE  
CAPE CORAL, FL 33914 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: PD  
Name: BASILE, VICTOR C  
Address: 3011 S.W. 10TH AVE  
City-St-Zip: CAPE CORAL, FL 33914

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: VICTOR BASILE

P/D

04/21/2010

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

\_\_\_\_\_ Date