

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2007 8:00 am
Secretary of State

07-03-2007 90007 010 ***150.00

DOCUMENT # P99000106383

1. Entity Name
RCOA IMAGING SERVICES, INC.



Principal Place of Business
7900 GLADES ROAD, SUITE 400
BOCA RATON, FL 33434

Mailing Address
7900 GLADES ROAD, SUITE 400
BOCA RATON, FL 33434



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06252007

Chg-P

CR2E034 (12/06)

4. FEI Number
65-0972988

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WALLACE, MICHAEL
7900 GLADES RD STE 400
BOCA RATON, FL 33434

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
D
MCGEE, ALLEN D ☐ Delete
STREET ADDRESS
7900 GLADES ROAD SUITE 400
CITY-ST-ZIP
BOCA RATON, FL 33434

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
COO
MEDER, DONALD C ☐ Delete
STREET ADDRESS
7900 GLADES RD SUITE 400
CITY-ST-ZIP
BOCA RATON, FL 33434

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
CFO
WALLACE, MICHAEL ☐ Delete
STREET ADDRESS
7900 GLADES RD SUITE 400
CITY-ST-ZIP
BOCA RATON, FL 33434

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
Vice President- Accounting ☐ Change ☒ Addition
Derrick Moore
7900 Glades Road, Suite 400
Boca Raton, Florida 33434
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
Vice President- Sales ☐ Change ☒ Addition
Craig Bloom
7900 Glades Road, Suite 400
Boca Raton, Florida 33434
CITY-ST-ZIP

TITLE
NAME
☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Allen D McGee*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/07 561-477-3500

Date

Daytime Phone #