

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S39225

FILED  
Apr 06, 2012  
Secretary of State

**Entity Name:** PROFESSIONAL RECORDS IMAGING MANAGEMENT, INC.

**Current Principal Place of Business:**

921 SKIPPER AVE  
FT. WALTON BEACH, FL 32547 US

**New Principal Place of Business:**

**Current Mailing Address:**

921 SKIPPER AVENUE  
FORT WALTON BEACH, FL 32547

**New Mailing Address:**

**FEI Number:** 59-3066563      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CARLONI, DEBORAH  
1396 WINDWARD LANE  
NICEVILLE, FL 32578 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: P  
Name: SCOTT, LARRY  
Address: 4129 INDIAN TRAIL  
City-St-Zip: DESTIN, FL 32541

Title: D  
Name: CARLONI, JOE  
Address: 1396 WINDWARD LANE  
City-St-Zip: NICEVILLE, FL 33578

Title: S  
Name: CARLONI, DEBORAH  
Address: 1396 WINDWARD AVE  
City-St-Zip: NICEVILLE, FL 32578

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: DEBORAH CARLONI

S

04/06/2012

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

\_\_\_\_\_  
Date