

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V54332

Entity Name: UNI-MED IMAGING, INC.

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

17090 NE 14TH AVE #305
MIAMI, FL 33162 US

New Principal Place of Business:

Current Mailing Address:

20533 BISCAYNE BLVD
STE 4-319
AVENTURA, FL 33180 US

New Mailing Address:

FEI Number: 65-0353486 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAZAR, LARRY
17090 NE 14TH AVENUE #305
MIAMI, FL 33162 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: P () Delete
Name: LAZAR, LARRY
Address: 17090 NE 14TH AVENUE #305
City-St-Zip: MIAMI, FL 33162

Title: D () Delete
Name: HORVITZ, RICHARD
Address: 1040 NE 170TH TERR
City-St-Zip: N. MIAMI BEACH, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: LARRY LAZAR

P

04/23/2009

Electronic Signature of Signing Officer or Director

Date