

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000011899

Entity Name: BETHESDA IMAGING ASSOCIATES GROUP, INC.**Current Principal Place of Business:**2815 S. SEACREST BLVD.
BOYNTON BEACH, FL 33435**Current Mailing Address:**P. O. BOX 243389
BOYNTON BEACH, FL 33424 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROONEY, STEVEN J
2815 S. SEACREST BLVD.
BOYNTON BEACH, FL 33435 US*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**Officer/Director Detail :**Title P
Name ROONEY, STEVEN J
Address 2815 S. SEACREST BLVD.
City-State-Zip: BOYNTON BEACH FL 33435Title D
Name EDELSTEIN, RICHARD N
Address 52 RIVER DRIVE
City-State-Zip: OCEAN RIDGE FL 33435Title D
Name FERGENSON, JON M
Address 8011 MUIRHEAD CIRCLE
City-State-Zip: BYNTON BEACH FL 33437Title DIRECTOR
Name DACOSTA, DARLENE P
Address 2815 S. SEACREST BLVD.
City-State-Zip: BOYNTON BEACH FL 33435Title D
Name O'CONNOR, DAVID K
Address 1725 LAKE DRIVE
City-State-Zip: DELRAY BEACH FL 33444Title D
Name DEYOE, LANE A
Address 11997 N LAKE DRIVE
City-State-Zip: BOYNTON BEACH FL 33436Title DIRECTOR
Name ADAMI, CAROL A
Address 2815 S. SEACREST BLVD.
City-State-Zip: BOYNTON BEACH FL 33435

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: STEVEN J ROONEY**01/25/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date