

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000064750

**Entity Name:** NORTH PORT DIAGNOSTIC IMAGING CENTER, INC.

**Current Principal Place of Business:**

14243 TAMIAMI TRAIL  
NORTH PORT, FL 34287

**Current Mailing Address:**

C/O DAVID A. HOLMES  
99 NESBIT STREET  
PUNTA GORDA, FL 33950

**FEI Number:** 20-2944099

**Certificate of Status Desired:** No

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

HOLMES, DAVID A  
99 NESBIT STREET  
PUNTA GORDA, FL 33950 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 VDT  
Name ROSS, STEPHEN M  
Address 14243 TAMIAMI TRAIL  
City-State-Zip: NORTH PORT FL 34287

Title PSD  
Name WHITE, JAMES E  
Address 3430 TAMIAMI TRAIL, SUITE B  
City-State-Zip: PORT CHARLOTTE FL 33948

Title VD  
Name FLESZAR, DAVID  
Address 3430 TAMIAMI TRAIL, SUITE B  
City-State-Zip: PORT CHARLOTTE FL 33952

*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:** JAMES E. WHITE, M.D.

**DIRECTOR**

**04/09/2013**

Electronic Signature of Signing Officer/Director Detail

Date