

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000098252

**Entity Name:** DIAGNOSTIC IMAGING CONSULTANTS OF CENTRAL FLORIDA, INC.

**FILED**  
**Jan 27, 2016**  
**Secretary of State**  
**CC9156970618**

**Current Principal Place of Business:**

111 N. LAKEMONT AVE.  
WINTER PARK, FL 32792

**Current Mailing Address:**

111 N. LAKEMONT AVE.  
WINTER PARK, FL 32792

**FEI Number: 27-1501481**

**Certificate of Status Desired: No**

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

STANLEY, GEORGE AM.D.  
111 N. LAKEMONT AVE.  
WINTER PARK, FL 32792 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 D  
Name STANLEY, GEORGE A  
Address 111 N. LAKEMONT AVE.  
City-State-Zip: WINTER PARK FL 32792

*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: GEORGE STANLEY**

**D**

**01/27/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date