

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001929

FILED  
May 01, 2011  
Secretary of State

**Entity Name:** EXTREMITY IMAGING PARTNERS, INC.

**Current Principal Place of Business:**

4500 BROOKTREE ROAD, SUITE 300  
WEXFORD, PA 15090

**New Principal Place of Business:**

**Current Mailing Address:**

4500 BROOKTREE ROAD, SUITE 300  
WEXFORD, PA 15090

**New Mailing Address:**

FEI Number: 04-3627188

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD STE 101  
TALLAHASSEE, FL 323012960 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: CEO  
Name: DIGIACOBBE, A. JEROME JR.  
Address: 2032 LAKE MARSHALL DRIVE  
City-St-Zip: GIBSONIA, PA 15044

Title: PRES  
Name: CALVIN, ZONTINE  
Address: 126 BOOTHBAY HARBOR  
City-St-Zip: BRADFORD WOODS, PA 15015

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: A. JEROME DIGICOBBE

CEO

05/01/2011

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

\_\_\_\_\_ Date