## 2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000001929

Entity Name: EXTREMITY IMAGING PARTNERS, INC.

**Current Principal Place of Business:** 

4500 BROOKTREE ROAD, SUITE 300

WEXFORD, PA 15090

**Current Mailing Address:** 

4500 BROOKTREE ROAD, SUITE 300 WEXFORD, PA 15090

FEI Number: 04-3627188 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

**BUSINESS FILINGS INCORPORATED** 515 E. PARK AVENUE TALLAHASSEE, FL 32301 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

**FILED** Apr 29, 2014

**Secretary of State** 

CC2061337666

Officer/Director Detail:

PRESIDENT AND TREASURER Title CEO, AND SECRETARY Title

DIGIACOBBE, A. JEROME Name ZONTINE, CALVIN Name

Address 4500 BROOKTREE ROAD, SUITE 300 Address 4500 BROOKTREE ROAD, SUITE 300

City-State-Zip: WEXFORD PA 15090 City-State-Zip: WEXFORD PA 15090

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.