

**2016 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  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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            CEO, AND SECRETARY  
Name            DIGIACOBBE, A. JEROME  
Address        4500 BROOKTREE ROAD, SUITE 300  
City-State-Zip: WEXFORD PA 15090

Title            PRESIDENT AND TREASURER  
Name            ZONTINE, CALVIN  
Address        4500 BROOKTREE ROAD, SUITE 300  
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.*

**SIGNATURE: A. JEROME DIGIACOBBE**

**CEO**

**06/03/2016**

Electronic Signature of Signing Officer/Director Detail

Date