


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F47057</b>	
1. Entity Name INSIGHT MEDICAL IMAGING, INC.	

Principal Place of Business P.O. BOX 1027 DUNNELLON, FL 34430-1195 US	Mailing Address P. O. BOX 1027 DUNNELLON, FL 34430 US
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**DO NOT WRITE IN THIS SPACE**



01282007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2129932	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TAYLOR, GEORGE E  
 101 E KENNEDY BLVD., STE 2700  
 TAMPA, FL 33602

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

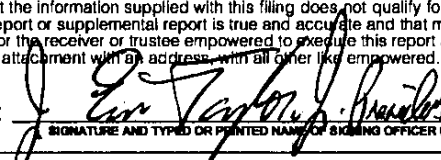
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TAYLOR, J ERIC JR 1195 CLAYS TRAIL OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TAYLOR, SUSAN BELLOC 1195 CLAYS TRAIL OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TAYLOR, GEORGE, ERIC 101 E KENNEDY BLVD STE 2700 OLDSMAR, FL 34677
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAYLOR, JOY E 1007 N ELBOW LN MORRISVILLE, PA 19067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

U00000700420  
 04/20/07-80017-013 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  ERIC TAYLOR, JR. **1/29/07 352-487-3108**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #