

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F47057

FILED
Apr 23, 2009
Secretary of State

Entity Name: INSIGHT MEDICAL IMAGING, INC.

Current Principal Place of Business:

P.O. BOX 1027
DUNNELLON, FL 344301195 US

New Principal Place of Business:

20725 SW 10TH STREET
DUNNELLON, FL 34431 US

Current Mailing Address:

P. O. BOX 1027
DUNNELLON, FL 34430 US

New Mailing Address:

FEI Number: 59-2129932 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TAYLOR, J ERIC JR
Address: 20725 SW 10TH STREET
City-St-Zip: DUNNELLON, FL 34431

Title: STD () Delete
Name: TAYLOR, SUSAN BELLOC
Address: 20725 SW 10TH STREET
City-St-Zip: DUNNELLON, FL 34431

Title: VD () Delete
Name: TAYLOR, GEORGE, ERIC
Address: 101 E KENNEDY BLVD STE 2700
City-St-Zip: OLDSMAR, FL 34677

Title: D () Delete
Name: TAYLOR, JOY E
Address: 1007 N ELBOW LN
City-St-Zip: MORRISVILLE, PA 19067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: J ERIC TAYLOR, JR, D.O.

PRES

04/23/2009

Electronic Signature of Signing Officer or Director

_____ Date