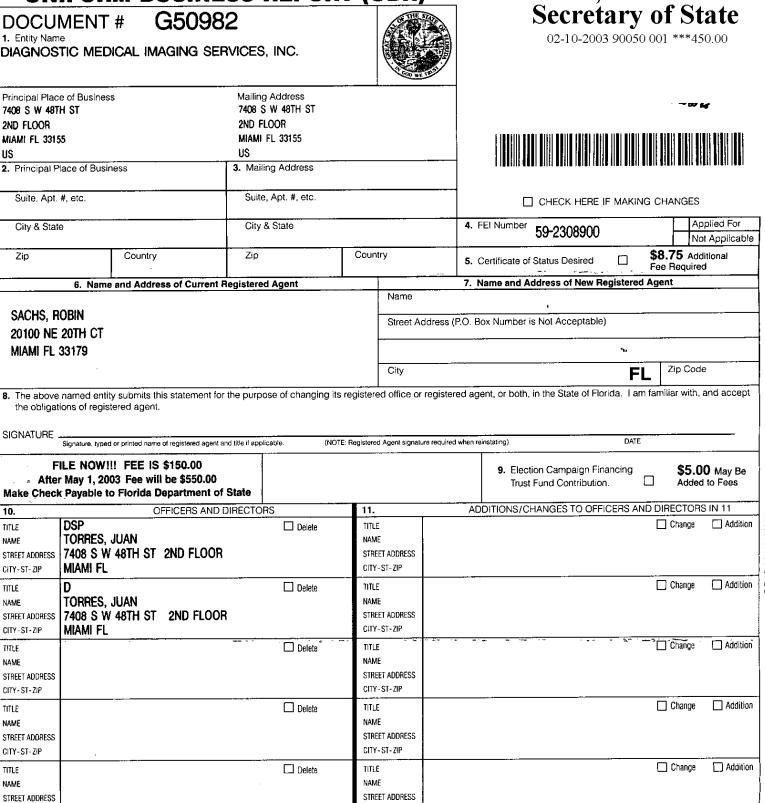
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

G50982 DOCUMENT

DIAGNOSTIC MEDICAL IMAGING SERVICES, INC.



12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and officer or director of the corporation or the received 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 h an address, with all

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-7IP

TITLE

NAME STREET ADDRESS

MATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Change

■ Addition

FILED

Feb 10, 2003 8:00 am

CR2E034 (10/02)