2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000025464

Entity Name: ADVANCED DIAGNOSTIC IMAGING, INC.

FILED Apr 30, 2008 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

511 W BAY STREET SUITE 301 2700 UNIVERSITY SQUARE DRIVE

TAMPA, FL 33606 TAMPA, FL 336125513

Current Mailing Address: New Mailing Address:

ATTN: OMMI ACETG DEPT P.O. BOX 30728 TAMPA, FL 336303728

FEI Number: 59-3705595 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PATEL, BHARAT U MD
511 W BAY STREET SUITE 301
TAMPA, FL 33606 US
PATEL, BHARAT U MD
2700 UNIVERSITY SQUARE DRIVE
TAMPA, FL 336125513 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: 04/30/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 OTERO, RAUL R
 Name:
 OTERO, RAUL R

 Address:
 511 W. BAY ST. STE 301
 Address:
 2700 UNIVERSITY SQUARE DRIVE

City-St-Zip: TAMPA, FL 33606 City-St-Zip: TAMPA, FL 336125513

Title: VD () Delete Title: VD (X) Change () Addition Name: BARAN, GREGG A Name: BARAN, GREGG A

Address: 511 W. BAY ST., #301 Address: 2700 UNIVERSITY SQUARE DRIVE

City-St-Zip: TAMPA, FL 33606 City-St-Zip: TAMPA, FL 33612

Title: SD () Delete Title: SD (X) Change () Addition

Name: KEDAR, RAJENDRA P Name: KEDAR, RAJENDRA P

Address: 511 W. BAY ST. STE 301 Address: 2700 UNIVERSITY SQUARE DRIVE

City-St-Zip: TAMPA, FL 33606 City-St-Zip: TAMPA, FL 336125513

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: RAUL R OTERO PD 04/30/2008