2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# P02000067636

Entity Name: JM MEDICAL IMAGING SALES, INC.

Current Principal Place of Business:

6073 NW 164TH ST #C-9
MIAMI LAKES, FL 33015

New Principal Place of Business:

6073 NW 167TH ST #C-9
MIAMI LAKES, FL 33015

Current Mailing Address:

6073 NW 164TH ST #C-9
MIAMI LAKES, FL 33015

New Mailing Address:

6073 NW 167TH ST #C-9
MIAMI LAKES, FL 33015

FEI Number: 81-0558621 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEREZ, JUAN M
6073 NW 164TH ST #C-9
MIAMI LAKES, FL 33015

Name and Address of New Registered Agent:

PEREZ, JUAN M
6073 NW 167TH ST #C-9
MIAMI LAKES, FL 33015

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: 04/30/2004
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PEREZ, JUAN M
Address: 6073 NW 164TH ST #C-9
City-St-Zip: MIAMI LAKES, FL 33015

Title: V ( ) Delete
Name: FREIDEBERG, MICHAEL
Address: 6073 NW 164TH ST #C-9
City-St-Zip: MIAMI LAKES, FL 33015

Title: S ( ) Delete
Name: PEREZ, LUIS F
Address: 6073 NW 164TH ST #C-9
City-St-Zip: MIAMI LAKES, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PEREZ, JUAN M
Address: 6073 NW 167TH ST #C-9
City-St-Zip: MIAMI LAKES, FL 33015

Title: V (X) Change ( ) Addition
Name: FREIDEBERG, MICHAEL
Address: 6073 NW 167TH ST #C-9
City-St-Zip: MIAMI LAKES, FL 33015

Title: S (X) Change ( ) Addition
Name: PEREZ, LUIS F
Address: 6073 NW 167TH ST #C-9
City-St-Zip: MIAMI LAKES, FL 33015

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JUAN M PEREZ P 04/30/2004
Electronic Signature of Signing Officer or Director — Date