

2008 FOR PROFIT CORPORATION ANNUAL REPORT



FILED
Jul 15, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000067339 1. Entity Name ACCREDITATION IMAGING ASSOCIATES NORTH AMERICA, INC.	
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Principal Place of Business 6658 LAKE LORAN WAY LAKE WORTH, FL 33467	Mailing Address 6658 LAKE LORAN WAY LAKE WORTH, FL 33467
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DO NOT WRITE IN THIS SPACE



07072008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1240170	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 ANDREWS, JAMES 6658 LAKE LORAN WAY LAKE WORTH, FL 33467
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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 _____ (NOTE: Registered Agent signature required when reinstating)

U00000954981
07/15/08-80006-002 158.75
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	ANDREWS, JAMES
STREET ADDRESS	6658 LAKE LORAN WAY
CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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: James B. Andrews James B. Andrews 7/11/08 561-601-5082

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #