

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000023313

Entity Name: KENDALL IMAGING, INC.

FILED
Jul 08, 2005
Secretary of State

Current Principal Place of Business:

7361 SW. 120 AVE.
MIAMI, FL 33183

New Principal Place of Business:

Current Mailing Address:

7361 SW. 120 AVE
MIAMI, FL 33183

New Mailing Address:

FEI Number: 65-0575800

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASHOURI, MODAR MD
9200 SW 92ND STREET
MIAMI, FL 33173 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

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: OCON, EVARISTO
Address: 9200 SW 72ND STREET
City-St-Zip: MIAMI, FL 33173

Title: DS () Delete
Name: CALDERON, ROBERTO
Address: 9200 SW 72ND STREET
City-St-Zip: MIAMI, FL 33173

Title: DV () Delete
Name: ASHOURI, MODAR
Address: 9200 SW 72ND STREET
City-St-Zip: MIAMI, FL 33173

Title: DT () Delete
Name: TELLERIA, JUAN
Address: 9200 SW 72ND STREET
City-St-Zip: MIAMI, FL 33173

Title: DS () Delete
Name: BORRERO, GEORGE MD
Address: 9200 SW 72ND STREET
City-St-Zip: MIAMI, FL 33173

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:

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

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: MODAR ASHOURI

VP

07/08/2005

Electronic Signature of Signing Officer or Director

_____ Date