

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S35857

FILED
Jan 14, 2004
Secretary of State

Entity Name: DIAGNOSTIC PORTABLE IMAGING, INC.

Current Principal Place of Business:

5201 BABCOCK ST NE #2
PALM BAY, FL 32905 US

New Principal Place of Business:

Current Mailing Address:

5201 BABCOCK ST, NE #2
PALM BAY, FL 32905 US

New Mailing Address:

FEI Number: 59-3051141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRESE, GARY B.
930 SOUTH HARBOR
SUITE 505
MELBOURNE, FL 32901 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: COTTI, BRUCE,
Address: 1160 HOLLOWBROOK LANE
City-St-Zip: PALM BAY, FL

Title: DVP () Delete
Name: PYLES, DONALD
Address: 3460 CARTER RD
City-St-Zip: MIMS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: BRUCE COTTI

DP

01/14/2004

Electronic Signature of Signing Officer or Director

_____ Date