


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S35857 1. Entity Name DIAGNOSTIC PORTABLE IMAGING, INC.	
--	---

FILED
Jul 28, 2008 08:00 AM
Secretary of State

Principal Place of Business 5201 BABCOCK ST NE SUITE 3 PALM BAY, FL 32905 US	Mailing Address 5201 BABCOCK ST, NE SUITE 3 PALM BAY, FL 32905 US
--	---



07182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3051141	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FRESE, GARY B. 930 SOUTH HARBOR SUITE 505 MELBOURNE, FL 32901	<p style="font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
--	---

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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP
NAME	COTTI, BRUCE
STREET ADDRESS	1160 HOLLOWBROOK LANE
CITY-ST-ZIP	PALM BAY, FL 32950
TITLE	DVP
NAME	PYLES, DONALD
STREET ADDRESS	2375 JJ ROAD
CITY-ST-ZIP	TITUSVILLE, FL 32796
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

U00000356504
 07/28/08-80006-009 150.00

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: Bruce Cotti Bruce Cotti 7-22-08 321-984-8001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #