


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

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



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**

**DO NOT WRITE
IN THIS SPACE**

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

U000000954981
07/15/08-80006-002 158.75

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.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREWS, JAMES 6658 LAKE LORAN WAY LAKE WORTH, FL 33467
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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 #