


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F01000003612 1. Entity Name CLINICAL IMAGE MANAGEMENT SYSTEMS, INC.	
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Principal Place of Business 13300 OLD BLANCO RD. SUITE 180 SAN ANTONIO, TX 78216	Mailing Address 13300 OLD BLANCO RD. SUITE 180 SAN ANTONIO, TX 78216
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  HINTON, PEGGY 1465 GRAYSTONE PENSACOLA, FL 32514	<b>DO NOT WRITE IN THIS SPACE</b>
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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 No Change (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<p>11000002448311 02/26/05-80134-003 158.75</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP COX, NEIL B 20719 WIND SPRINGS SAN ANTONIO, TX 78258	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COX, CAROL Y 20719 WIND SPRINGS SAN ANTONIO, TX 78258	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Charles Y. Cox President, CFO 2-22-05 (210) 479-7300

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