

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000007458

Entity Name: HEARTCARE IMAGING, INC.

FILED
Mar 02, 2006
Secretary of State

Current Principal Place of Business:

725 NORTH A1A, C/O ROBERT J. STILLEY
JUPITER, FL 33477

New Principal Place of Business:

725 NORTH A1A,
SUITE B105
JUPITER, FL 33477

Current Mailing Address:

725 NORTH A1A, C/O ROBERT J. STILLEY
JUPITER, FL 33477

New Mailing Address:

FEI Number: 65-1055330

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: CPD () Delete
Name: STILLEY, ROBERT J
Address: 725 NORTH A1A
City-St-Zip: JUPITER, FL 33477

Title: VCST () Delete
Name: MAGAR, MARYLYNN
Address: 725 NORTH A1A
City-St-Zip: JUPITER, FL 33477

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 Chapter 119, 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: MARYLYNN MAGAR

VCST

03/02/2006

Electronic Signature of Signing Officer or Director

_____ Date