

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2007 8:00 am
Secretary of State

06-12-2007 90111 009 ***558.75

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DOCUMENT # F95000004516 1. Entity Name ASPYRA DIAGNOSTIC SOLUTIONS, INC.																																				
Principal Place of Business 7 CORPORATE PLAZA 8649 BAYPINE ROAD JACKSONVILLE, FL 32256 US		Mailing Address 7 CORPORATE PLAZA 8649 BAYPINE ROAD JACKSONVILLE, FL 32256 US																																		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 26115-A Munreau Rd. Suite, Apt. #, etc.																																		
City & State Zip		City & State Calabasas, CA Zip 91302																																		
Country USA		4. FEI Number 33-0675762																																		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable																																		
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																																				
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:65%;"> PD ELLIOTT, SAMUEL G 7 CORPORATE PLAZA, 8649 BAYPINE ROAD JACKSONVILLE, FL 32256 </td> <td style="width:20%; text-align: right;"> <input checked="" type="checkbox"/> Delete </td> </tr> <tr> <td> CEOP BESBECK, STEVEN M 26115-A MUNREAU RD CALABASAS, CA 91302 </td> <td> <input type="checkbox"/> Delete </td> <td></td> </tr> <tr> <td> CFOS VILLAFAME, ANAHITA 26115-A MUNREAU RD CALABASAS, CA 91302 </td> <td> <input type="checkbox"/> Delete </td> <td></td> </tr> <tr> <td> D BESBECK, STEVEN M 26115-A MUNREAU RD CALABASAS, CA 91302 </td> <td> <input type="checkbox"/> Delete </td> <td></td> </tr> <tr> <td> <input type="checkbox"/> Delete </td> <td></td> <td></td> </tr> <tr> <td> <input type="checkbox"/> Delete </td> <td></td> <td></td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ELLIOTT, SAMUEL G 7 CORPORATE PLAZA, 8649 BAYPINE ROAD JACKSONVILLE, FL 32256	<input checked="" type="checkbox"/> Delete	CEOP BESBECK, STEVEN M 26115-A MUNREAU RD CALABASAS, CA 91302	<input type="checkbox"/> Delete		CFOS VILLAFAME, ANAHITA 26115-A MUNREAU RD CALABASAS, CA 91302	<input type="checkbox"/> Delete		D BESBECK, STEVEN M 26115-A MUNREAU RD CALABASAS, CA 91302	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete			<input type="checkbox"/> Delete			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:65%;"> COO James Helms 26115-A Munreau Rd. Calabasas, CA 91302 </td> <td style="width:20%; text-align: right;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition </td> </tr> <tr> <td></td> <td></td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td></td> <td></td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td></td> <td></td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td></td> <td></td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO James Helms 26115-A Munreau Rd. Calabasas, CA 91302	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>Anahita Villafane</u> Anahita Villafane 6/4/07 (888) 880-6700 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, time Phone #</small>																																				