2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000002902

Entity Name: PRESGAR MEDICAL IMAGING, INC.

FILED Jan 16, 2006 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
14025 RIVEREDGE DR.				
SUITE 600 TAMPA, FL 33637 US	8			
Current Mailing Address:		New Mailing Address:		
14025 RIVEREDGE DR. SUITE 600				
TAMPA, FL 33637 US	5			
FEI Number: 62-1673773	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Nam		Name and Address of	me and Address of New Registered Agent:	
GREENBERG, JEFFRE' 14025 RIVEREDGE DRI' TAMPA, FL 33637 US	√E, #600			
	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
in the State of Florida.				
SIGNATURE:				

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PRES Title: () Delete Title: (X) Change () Addition WRIGHT, GARY W WRIGHT, GARY W Name: Name: 14025 RIVEREDGE DRIVE, SUITE 600 Address: 14025 RIVEREDGE DRIVE, SUITE 600 Address: City-St-Zip: TAMPA, FL 33637

TAMPA, FL 33637 City-St-Zip:

Title: () Delete Title: VΡ (X) Change () Addition OCHS, KEITH Name: Name: OCHS, KEITH

Address: 14025 RIVEREDGE DRIVE, SUITE 600 Address: 14025 RIVEREDGE DRIVE, SUITE 600

TAMPA, FL 33637 TAMPA, FL 33637 City-St-Zip: 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: GARY W. WRIGHT **PRES** 01/16/2006