

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90205 001 ***600.00

DOCUMENT # G50982 1. Entity Name DIAGNOSTIC MEDICAL IMAGING SERVICES, INC.					
Principal Place of Business 7408 S W 48TH ST 2ND FLOOR MIAMI, FL 33155 US			Mailing Address 7408 S W 48TH ST 2ND FLOOR MIAMI, FL 33155 US		
2. Principal Place of Business 7406 SW 48 ST Suite, Apt. #, etc.			3. Mailing Address 7406 SW 48 ST Suite, Apt. #, etc.		
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 59-2308900	
Zip 33155		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SACHS, ROBIN 20100 NE 20TH CT MIAMI, FL 33179				7. Name and Address of New Registered Agent Name JUAN TORRES Street Address (P.O. Box Number is Not Acceptable) 7406 SW 48 ST City MIAMI FL Zip Code 33155	
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: <u><i>Juan Torres CEO</i></u> DATE: <u>4/24/05</u> <small>Signature, typed or printed name of registered agent and (file if applicable) (NOTE: Registered Agent signature required when renewing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DSP TORRES, JUAN 7408 S W 48TH ST 2ND FLOOR MIAMI, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TORRES, JUAN 7408 S W 48TH ST 2ND FLOOR MIAMI, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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: <u><i>Juan Torres CEO</i></u> DATE: <u>4/24/05</u> (305) 264-1242 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					