2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G51198

FILED Jan 16, 2008 Secretary of State

Entity Name: THE IMAGING ASSOCIATES, INC.

Current Principal Place of Business:		New Principal Place of Business:		
3301 ALU TAMPA, F	MNI DR FL 33612 U	S		
Current Mailing Address:		New Mailing Address:		
	MNI DRIVE FL 336126413	US		
El Number	r: 59-2327356	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of	Current Registered Agent:	Name and Address	of New Registered Agent:
301 ALU	, CYNTHIA MNI DRIVE	LIC		
「AMPA, F	FL 336126413	05		
he above			purpose of changing its register	ed office or registered agent, or both
he above	e named entity e of Florida. RE:	submits this statement for the		ed office or registered agent, or both
The above n the Stat SIGNATU	e named entity e of Florida. RE: Electro	submits this statement for the nic Signature of Registered Ag		ed office or registered agent, or both, Date
The above In the Stat	e named entity e of Florida. RE: Electro	submits this statement for the		
The above n the Stat BIGNATU	e named entity e of Florida. RE: Electro	submits this statement for the nic Signature of Registered Ag	ent	
The above n the Stat BIGNATU	e named entity e of Florida. RE:Electro mpaign Financir	submits this statement for the nic Signature of Registered Ageng Trust Fund Contribution (). CTORS:) Delete ARD, DR.	ent	Date
The above the State SIGNATU Slection Ca DFFICER Sitte: lame: ddress:	e named entity e of Florida. RE: Electro mpaign Financir S AND DIRECTO VP (STEIN, BERNA 3301 ALUMNI TAMPA, FL 33	submits this statement for the nic Signature of Registered Aging Trust Fund Contribution (). CTORS:) Delete ARD, DR. 3612) Delete ARTIN L., DR.	ent ADDITIONS/CHANG Title: Name: Address:	Date BES TO OFFICERS AND DIRECTO

I hereby certify that the information supplied with this filing does not qualify 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: REED MURTAGH STD 01/16/2008