

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L48315

FILED
Jan 23, 2003
Secretary of State

Entity Name: OMEGA MEDICAL IMAGING, INC.

Current Principal Place of Business:

675 HICKMAN CIR
SANFORD, FL 32771 US

New Principal Place of Business:

Current Mailing Address:

675 HICKMAN CIR
SANFORD, FL 32771 US

New Mailing Address:

FEI Number: 59-2992051

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COON, DOUGLAS CEO
4631 S ATLANTIC AVE 8206
PONCE INLET, FL 32127 US

Name and Address of New Registered Agent:

COON, DOUGLAS
75 WEST BEAR HOLLOW ROAD
GREENVILLE, FL 32331 US

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: DOUGLAS M. COON

01/23/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LINDQUIST, ROBERT
Address: 2 CRAZY HORSE COOURT
City-St-Zip: PALM COAST, FL 32137

Title: S () Delete
Name: PRINCEHORN, JAMES A
Address: 1365 CHESSINGTON CIRCLE
City-St-Zip: LAKE MARY, FL 32746

Title: T () Delete
Name: COON, JEFFREY S
Address: 2801 BELKTON CT
City-St-Zip: DELTONA, FL 32738

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: LINDQUIST, ROBERT C
Address: 2 CRAZY HORSE COURT
City-St-Zip: PALM COAST, FL 32137

Title: P (X) Change () Addition
Name: PRINCEHORN, JAMES A
Address: 1365 CHESSINGTON CIRCLE
City-St-Zip: HEATHROW, FL 32746

Title: S/T (X) Change () Addition
Name: COON, JEFFREY S
Address: 2801 BELKTON CT
City-St-Zip: DELTONA, FL 32738

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JEFFERY S. COON

S/T

01/23/2003

Electronic Signature of Signing Officer or Director

Date