

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90021 013 ****61.25

DOCUMENT # N31971

1. Entity Name

AMERICAN ACADEMY OF MEDICAL INFRARED IMAGING, IN C.

Principal Place of Business

Mailing Address

3728 PHILLIPS HWY #31
 JACKSONVILLE FL 32207

3728 PHILLIPS HWY #31
 JACKSONVILLE FL 32207

2. Principal Place of Business

1945 Lane Ave So.

3. Mailing Address

P.O. Box 7040

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 5

City & State

City & State

Jacksonville FL

Jacksonville FL

Zip

Country

Zip

Country

32210

USA

32238

USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AKEL, EDWARD C.
 2301 INDEPENDENT SQUARE
 JACKSONVILLE FL 32202

Name

Crystal Morris

Street Address (P.O. Box Number is Not Acceptable)

1945-5 Lane Ave. So.

City

Jacksonville

FL

Zip Code

32210

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.

SIGNATURE

Crystal Morris

Crystal Morris

4-26-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
 NAME HOBBS, WILLIAM B. Delete
 STREET ADDRESS 5510 MEDICAL CENTER
 CITY-ST-ZIP MADISON WI

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE STD
 NAME GREEN, JACOB Delete
 STREET ADDRESS 3728 PHILLIPS HWY #31
 CITY-ST-ZIP JACKSONVILLE FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD
 NAME HOOSHANG, HOOSHMAND M Delete
 STREET ADDRESS 333 17TH STREET
 CITY-ST-ZIP VERO BEACH FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE M
 NAME Crystal Morris Change Addition
 STREET ADDRESS 1945-5 Lane Ave So.
 CITY-ST-ZIP Jacksonville FL 32210

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 617, 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 life empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jacob Green M.D. 4-26-02 904-786-0846

CR2E037 (9/01)