

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

Jacksonville FL

City & State

Jacksonville FL

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

AKEL, EDWARD C.
 2301 INDEPENDENT SQUARE
 JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HOBBS, WILLIAM B.	
STREET ADDRESS	5510 MEDICAL CENTER	
CITY-ST-ZIP	MADISON WI	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GREEN, JACOB	
STREET ADDRESS	3728 PHILLIPS HWY #31	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HOOSHANG, HOOSHMAND M	
STREET ADDRESS	333 17TH STREET	
CITY-ST-ZIP	VERO BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Crystal Morris	
STREET ADDRESS	1945-5 Lane Ave So.	
CITY-ST-ZIP	Jacksonville FL 32210	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (9/01)

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