

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 07, 2003 8:00 am**  
**Secretary of State**

02-07-2003 90064 012 \*\*\*\*61.25

**DOCUMENT # N31971**

1. Entity Name  
**AMERICAN ACADEMY OF MEDICAL INFRARED IMAGING, IN  
C.**



Principal Place of Business Mailing Address  
**1945 LANE AVE. SO.  
SUITE 5  
JACKSONVILLE FL 32210** **PO BOX 7040  
JACKSONVILLE FL 32238**

**00000033**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>NOT APPLICABLE</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>MORRIS, CRYSTAL 1945-5 LANE AVE. SO. JACKSONVILLE FL 32210</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		<b>FL</b>	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	<b>PD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HOBBS, WILLIAM B.</b>			NAME			
STREET ADDRESS	<b>5510 MEDICAL CENTER</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>MADISON WI</b>			CITY-ST-ZIP			
TITLE	<b>STD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GREEN, JACOB</b>			NAME			
STREET ADDRESS	<b>3728 PHILLIPS HWY #31</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>			CITY-ST-ZIP			
TITLE	<b>VD</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HOOSHANG, HOOSHMAND M</b>			NAME			
STREET ADDRESS	<b>333 17TH STREET</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>VERO BEACH FL</b>			CITY-ST-ZIP			
TITLE	<b>M</b>	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MORRIS, CRYSTAL</b>			NAME			
STREET ADDRESS	<b>1945-5 LANE AVE. SO.</b>			STREET ADDRESS			
CITY-ST-ZIP	<b>JACKSONVILLE FL 32210</b>			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 like empowered.

SIGNATURE: SIGNATURE REQUIRED **CRYSTAL MORRIS** 02-04-03 901/786-0546

CR2E037 (10/02)