

**FOR-PROFIT CORPORATION
2002 UNIFORM BUSINESS REPORT (UBR)**

APPROVED
AND
FILED

02 MAR 27 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000010773
1. Entity Name
ECUMED IMAGING, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>687 E. 9 STREET</u> Suite, Apt. #, etc.		3. Mailing Address <u>687 E. 9 STREET</u> Suite, Apt. #, etc.	
City & State <u>HALEAH-FL</u>		City & State <u>HALEAH-FL</u>	
Zip <u>33010</u>	Country <u>U.S.A.</u>	Zip <u>33010</u>	Country <u>U.S.A.</u>

EP DO NOT WRITE IN THIS SPACE

4. FEI Number <u>65-0977705</u>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name <u>AMADOR REYES JR.</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>687 E. 9 STREET</u>	
City <u>HALEAH</u>	FL Zip Code <u>33010</u>

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 *Amador Reyes Jr.* AMADOR REYES JR. DATE 3-26-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE <u>D/P/S</u>	NAME <u>AMADOR REYES JR.</u>	STREET ADDRESS <u>687 E. 9 STREET</u>	CITY-ST-ZIP <u>HALEAH-FL 33010</u>
TITLE <u>D/N/P</u>	NAME <u>JUAN C. CARRAI</u>	STREET ADDRESS <u>687 E. 9 STREET</u>	CITY-ST-ZIP <u>HALEAH-FL 33010</u>
TITLE <u>D/I/T</u>	NAME <u>RAUL A. GONNELLI</u>	STREET ADDRESS <u>687 E. 9 STREET</u>	CITY-ST-ZIP <u>HALEAH-FL 33010</u>
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		

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-04/05/02--01055--014
****300.00 ****300.00

DO NOT WRITE IN THIS SPACE

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Amador Reyes Jr.* AMADOR REYES JR. DATE 3-26-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)

ECUMED IMAGES, INC.
DOC.#P00000010773

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE OF SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT .



CORDIALLY
AMADOR REYES JR.
PRESIDENT

OFFICE USE ONLY (Document #)

EXPRESS CORPORATE FILING SERVICE INC.

(Requestor's Name)

1000 PONCE DE LEON BLVD. STE: 101

(Address)

CORAL GABLES, FL 33134 305-444-4994

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. ECOMED IMAGING, INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- Walk in Pick up time _____ Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A. Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input checked="" type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

TALLAHASSEE, FLORIDA
 DIVISION OF CORPORATIONS
 DEPARTMENT OF STATE
 02 MAR 27 AM 10:25

RECEIVED

Examiner's Initials	
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