

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000032140

Entity Name: OPEN DIAGNOSTIC IMAGING, INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

PO BOX 3030
MISSION, TX 78573

New Principal Place of Business:

6249 PINES BLVD
PEMBROKE PINES, FL 33024

Current Mailing Address:

PO BOX 3030
MISSION, TX 78573

New Mailing Address:

6249 PINES BLVD
PEMBROKE PINES, FL 33024

FEI Number: 65-1007790

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENJAMIN, HAROLD CPA
6249 PINES BLVD
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

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: HAROLD BENJAMIN

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHVABSKAYA, JULIA
Address: PO BOX 3030
City-St-Zip: MISSION, TX 78573

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHVABSKAYA, JULIA
Address: 6249 PINES BLVD
City-St-Zip: PEMBROKE PINES, FL 33024

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: JULIA SHVASKAYA

PRES

04/29/2005

Electronic Signature of Signing Officer or Director

Date