

8400-99 MDI

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000102130

1. Entity Name
FLORIDA OPEN IMAGING, INC.



Principal Place of Business

875 N. MILITARY TRAIL
SUITE 101
JUPITER, FL 33458

Mailing Address

2290 10TH AVENUE NORTH
LAKE WORTH, FL 33461

DO NOT WRITE IN THIS SPACE



07272005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1147544

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SINGER, MICHAEL S ESQ
3801 PGA BOULEVARD
SUITE 802
PALM BEACH GARDENS, FL 33410

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CEOD
HOFFMAN, MIKE
875 N MILITARY SUITE 101
JUPITER, FL 33458

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
SAMER, RICHARD
875 N MILITARY SUITE 101
JUPITER, FL 33458

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CFO
SAUL, NEAL
875 N MILITARY SUITE 101
JUPITER, FL 33458

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1000000378254
09/13/05-80002-007 550.00

**DO NOT WRITE
IN THIS SPACE**

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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/05

Date

561-540-2702

Daytime Phone #