

FILED
May 01, 2007 08:00 AM
Secretary of State

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000108453			
1. Entity Name AMERICAN MEDICAL IMAGING TECHNOLOGIES INC.			
Principal Place of Business 3561 ALAN DRIVE TITUSVILLE, FL 32780		Mailing Address 3561 ALAN DRIVE TITUSVILLE, FL 32780	
DO NOT WRITE IN THIS SPACE			
		 04272007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 02-0578853	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent GLEMAN, STUART M 3561 ALAN DRIVE TITUSVILLE, FL 32780			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000753066 05/22/07-80005-015 150.00	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	DP GLEMAN, STUART M 3561 ALAN DRIVE TITUSVILLE, FL 32780		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Stuart M. Gleman</u> (STUART M. GLEMAN)		Date: <u>27 APR 07</u>	Daytime Phone: <u>(321) 383-4896</u>