



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90046 050 ***158.75

DOCUMENT # P02000015541 1. Entity Name ANIMAL MOBILE IMAGING, INC.					
Principal Place of Business 6191 ORANGE DR. SUITE 6171 FORT LAUDERDALE, FL 33314			Mailing Address 6191 ORANGE DR. SUITE 6171 FORT LAUDERDALE, FL 33314		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Davie		City & State Davie		4. FEI Number 03-0395944	
Zip _____ Country _____		Zip _____ Country _____		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KOPLOWITZ, BRUCE 6191 ORANGE DR. SUITE 6171 FORT LAUDERDALE, FL 33314 Davie				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City Davie FL Zip Code _____	
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 <u><i>Bruce Koplowitz</i></u> DATE <u>3-12-04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D <input type="checkbox"/> Delete NAME PAPPUS, ROBYN STREET ADDRESS 6194 ORANGE DR. SUITE 6171 CITY-ST-ZIP FORT LAUDERDALE, FL 33314	TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Pappas STREET ADDRESS 6191 Orange Dr. STE 6171 CITY-ST-ZIP Davie				
TITLE D <input type="checkbox"/> Delete NAME KOPLOWITZ, BRUCE STREET ADDRESS 6191 ORANGE DR. SUITE 6171 CITY-ST-ZIP DAVIE, FL 33314	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				
TITLE D <input type="checkbox"/> Delete NAME MACKENZIE, RAY STREET ADDRESS 6191 ORANGE DR. SUITE 6171 CITY-ST-ZIP FORT LAUDERDALE, FL 33314	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____				
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ 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 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><i>Bruce Koplowitz</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3-12-04</u> Daytime Phone # <u>954-584-7575</u>		