**FILED**
**May 03, 2004 8:00 am**
**Secretary of State**
05-03-2004 91015 007 ***150.00

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000043375

1. Entity Name
DOLPHIN DIAGNOSTIC IMAGING, INC.

94081334

| Principal Place of Business | Mailing Address |
|---|---|
| ~~585 MACK BAYOU RD~~ 585 MACK BAYOU RD<br>SANTA ROSA BEACH, FL 32459 | ~~201 S MONROE ST, LEVEL M~~<br>TALLAHASSEE, FL ~~32301~~ 32312 262 ROSEHILL DR N |

04242004 No Chg-P CR2E034 (10/03)

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4. FEI Number
03-0430511
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GRANGER, ANDREW L
2804 REMINGTON GREEN CIRCLE, STE. 4
TALLAHASSEE, FL 32308

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when changing

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2004 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICER(S) AND DIRECTOR(S)

| | |
|---|---|
| TITLE | P |
| NAME | HALL, WILLIAM |
| STREET ADDRESS | ~~201 S MONROE ST~~ 231 E 6TH AVE |
| CITY-ST-ZIP | TALLAHASSEE, FL ~~32301~~ 32303-6207 |
| TITLE | VP |
| NAME | MAURO, DIANE |
| STREET ADDRESS | 262 ROSEHILL DR N |
| CITY-ST-ZIP | TALLAHASSEE, FL 32312 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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:** Diane L. Mauro Vice President 4/27/04
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Title — Daytime Phone #