APR-26-2005 11:57A FROM:Dewey J Jetton, CPA 850-875-3775

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Secretary of State
05-03-2005 90090 004 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000043375

1. Entity Name
DOLPHIN DIAGNOSTIC IMAGING, INC.

Principal Place of Business
505 MACK BAYOU RD
SANTA ROSA BEACH, FL 32459

Mailing Address
~~262 ROSEHILL DR~~ 267 Rosehill Dr. N.
TALLAHASSEE, FL 32312

40078847

04262005 No Chg-P CR2E004 (10/03)

DO NOT WRITE IN THIS SPACE

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 reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HALL, WILLIAM P- Mauro, Kirk
STREET ADDRESS	231 E 6TH AVE 267 Rosehill Dr. N.
CITY-ST-ZIP	TALLAHASSEE, FL 323038207 Tallahassee FL 32312
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	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: X Diane P. Mauro 4/28/05 668 2163
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #
Diane Mauro