2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2005
Secretary of State

DOCUMENT# P02000058430

Entity Name: MEDICAL ASSOCIATES IMAGING, INC.

Current Principal Place of Business:

1064 KEENE ROAD
DUNEDIN, FL 34689

New Principal Place of Business:

Current Mailing Address:

1064 KEENE ROAD
DUNEDIN, FL 34689

New Mailing Address:

FEI Number: 04-3678009 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRONIN, KEVIN C
1064 KEENE ROAD
DUNEDIN, FL 34689 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BOWMAN, STEVEN C M.D.
Address: 3253 MCMULLEN BOOTH ROAD #200
City-St-Zip: CLEARWATER, FL 33761

Title: D ( ) Delete
Name: DRUCKER, JERRY M.D.
Address: 34041 U.S. HIGHWAY 19 N #B
City-St-Zip: PALM HARBOR, FL 34684

Title: D ( ) Delete
Name: GOODMAN, LESLIE MD
Address: 1064 KEENE ROAD
City-St-Zip: DUNEDIN, FL 34698

Title: D ( ) Delete
Name: HAMSPEY, JAMES P M.D.
Address: 3253 MCMULLEN BOOTH ROAD #200
City-St-Zip: CLEARWATER, FL 33761

Title: D ( ) Delete
Name: RAY, SCOTT L D.O.
Address: 2350 SUNSET POINT ROAD #C
City-St-Zip: CLEARWATER, FL 33765

Title: D ( ) Delete
Name: CAPPIELLO, ANGELO
Address: 1064 KEENE ROAD
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: AUERBACH, DONALD D.O.
Address: 1064 KEENE ROAD
City-St-Zip: DUNEDIN, FL 34698

Title: D (X) Change ( ) Addition
Name: HAMPSEY, JAMES P M.D.
Address: 3253 MCMULLEN BOOTH ROAD #200
City-St-Zip: CLEARWATER, FL 33761

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN C CRONIN COO 06/30/2005

Electronic Signature of Signing Officer or Director Date