

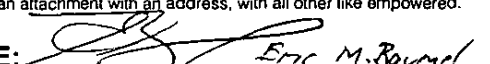


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90163 011 \*\*\*150.00

<b>DOCUMENT # P02000065274</b>					
<b>1. Entity Name</b> WESTERN IMAGING, INC.					
<b>Principal Place of Business</b> 11337 OKEECHOBEE BLVD. SUITE A ROYAL PALM BEACH, FL 33411			<b>Mailing Address</b> 11337 OKEECHOBEE BLVD. SUITE A ROYAL PALM BEACH, FL 33411		
<b>2. Principal Place of Business</b> 12798 W. FOREST HILL BLVD		<b>3. Mailing Address</b> 12798 W. FOREST HILL BLVD			
Suite, Apt. #, etc. SUITE 301A		Suite, Apt. #, etc. SUITE 301A		04212006    Chg-P    CR2E034 (11/05)	
<b>City &amp; State</b> WELLINGTON, FL		<b>City &amp; State</b> WELLINGTON, FL		<b>4. FEI Number</b> 02-0618933	
<b>Zip</b> 33414		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  CONROY, KELLY A 12798 W. FOREST HILL BLVD., STE 301A WELLINGTON, FL 33414				<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> HUBER, JONATHAN S 11337 OKEECHOBEE BLVD. ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> KIRCHNER, THOMAS M 11337 OKEECHOBEE BLVD. ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Delete	<b>ST</b> SECRETARY/TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> BAUMEL, ERIC M 11337 OKEECHOBEE BLVD. ROYAL PALM BEACH, FL 33411	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> 			4/24/2006		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		

ATTACHMENT

CERTIFIED MAIL  
70051160000396565307

40065274

Florida Department of State – Division of Corporations

If this envelope does not contain what's listed below, please contact  
RMG, Inc. at 561-204-4802 immediately. Thank you.

Contents: 2006 Annual Reports and corresponding fees for the following  
business entities.

<u>Entity Name</u>	<u>Check #</u>	<u>Check Amt.</u>
1. Palms West Imaging, Inc.	5630	\$150.00
2. Wellington Imaging Associates, P.A.	4334	\$150.00
3. <u>Western Imaging, Inc.</u>	1136	\$150.00
4. Osceola Imaging Center, Inc.	9422	\$150.00

Contents validated by: MB