


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90537 040 \*\*\*150.00

**DOCUMENT # P02000098834**

1. Entity Name  
NSR IMAGING, INC.



Principal Place of Business: 4037 AUSTON WAY, PALM HARBOR, FL 34685  
Mailing Address: 4037 AUSTON WAY, PALM HARBOR, FL 34685

2. Principal Place of Business: 4953 Cambridge Blvd, Suite, Apt. #, etc. 102  
3. Mailing Address: Same, Suite, Apt. #, etc. AS PLACE

City & State: City & State of BUSINESS  
Zip: Zip Country: Country

04272005 Chg-P CR2E034 (10/03)

4. FEI Number: 42-1553879  
Applied For: Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
GHANEKAR, DEVIYANI D  
4037 AUSTON WAY, PALM HARBOR, FL 34685  
4953 Cambridge Blvd #102

7. Name and Address of New Registered Agent  
Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
City: 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 \_\_\_\_\_ 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: DR NAME: GHANEKAR, DEVIYANI D STREET ADDRESS: 4037 AUSTON WAY CITY-ST-ZIP: PALM HARBOR, FL 34685	<input type="checkbox"/> Delete	TITLE: _____ NAME: 4953 Cambridge Blvd #102 STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Deviyani Ghanekar MD/mss Date: 4/27/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #