

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000107986

FILED
Feb 15, 2006
Secretary of State

Entity Name: HARBOR CITY MEDICAL IMAGING, P.A.

Current Principal Place of Business:

250 N. WICKHAM RD
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2698
WINDERMERE, FL 347862698

New Mailing Address:

1920 SOUTH BABCOCK STREET
MELBOURNE, FL 32901

FEI Number: 45-0487986

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOSTER, THOMAS R
7485 CONROY WINDERMERE RD
SUITE A
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

FOSTER, THOMAS R
1920 SOUTH BABCOCK STREET
MELBOURNE, FL 32901 US

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: THOMAS R. FOSTER

02/15/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FOSTER, THOMAS R
Address: 7485 CONROY WINDERMERE RD, STE A
City-St-Zip: ORLANDO, FL 32835

Title: D () Delete
Name: ABRAMSON, GAYLE L
Address: 7485 CONROY WINDERMERE RD, STE A
City-St-Zip: ORLANDO, FL 32835

Title: D () Delete
Name: BERIE, ALBERT
Address: 7485 CONROY WINDERMERE RD, STE A
City-St-Zip: ORLANDO, FL 32835

Title: D (X) Delete
Name: MILLER, PAUL
Address: 7485 CONROY WINDERMERE RD STE A
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FOSTER, THOMAS R
Address: 1920 SOUTH BABCOCK STREET
City-St-Zip: MELBOURNE, FL 32901

Title: D (X) Change () Addition
Name: MILLER, PAUL A
Address: 1920 SOUTH BABCOCK STREET
City-St-Zip: MELBOURNE, FL 32901

Title: D (X) Change () Addition
Name: BERJE, ALBERT
Address: 1920 SOUTH BABCOCK STREET
City-St-Zip: MELBOURNE, FL 32901

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 Chapter 119, 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: THOMAS R. FOSTER

D

02/15/2006

Electronic Signature of Signing Officer or Director

Date