

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000107986

FILED
Feb 16, 2007
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:

1920 SOUTH BABCOCK STREET
MELBOURNE, FL 32901

Current Mailing Address:

1920 SOUTH BABCOCK STREET
MELBOURNE, FL 32901

New Mailing Address:

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
1920 SOUTH BABCOCK STREET
MELBOURNE, FL 32901 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: FOSTER, THOMAS R
Address: 1920 SOUTH BABCOCK STREET
City-St-Zip: MELBOURNE, FL 32901

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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, MD

D

02/16/2007

Electronic Signature of Signing Officer or Director

_____ Date