2007 FOR PROFIT CORPORATION

Apr 02, 2007 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # P02000118856** ADVANCED MEDICAL IMAGING, CORP. Principal Place of Business Mailing Address 15100 NW 67 AVE 15100 NW 67 AVE MIAMI LAKES, FL 33014 MIAMI LAKES, FL 33014 US 01312007 CR2E034 (11/05) No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 05-0538975 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LUPINO, JAMES S ESQ DO NOT WRITE 90130 OLD HWY TAVERNIER, FL 33070 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 000000684979 Trust Fund Contribution. Added to Fees 04/06/07-80054-012 150.00 OFFICERS AND DIRECTORS 10. TITLE LAMAS, EDUARDO NAME STREET ADDRESS 15100 NW 67 AVE CITY-ST-ZIP MIAMI LAKES, FL 33014 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 regarded 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 than a more contained in the corporation of the corporation or the receiver or trustee empowered to execute this report as regarded by Chapter 607, Florida Statutes: and that my name appears in Block 10 or Block 11 if

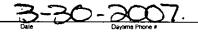
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NAME STREET ADDRESS CITY-ST-ZIP

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CITY-ST-ZIP TITLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



FILED