

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000125379

FILED
Apr 27, 2007
Secretary of State

Entity Name: PHYSICIANS IMAGING OF FLORIDA, INC.

Current Principal Place of Business:

P.O. BOX 10229
POMPANO BEACH, FL 33061

New Principal Place of Business:

2900 NE 40TH ST
POMPANO BEACH, FL 33064

Current Mailing Address:

P.O. BOX 10229
POMPANO BEACH, FL 33061

New Mailing Address:

FEI Number: 76-0721620 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, ANNIE
3773 N FEDERAL HIGHWAY
#206
LIGHTHOUSE POINT, FL 33064 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: PSTD () Delete
Name: MILLER, ANNIE
Address: P.O. BOX 10229
City-St-Zip: POMPANO BEACH, FL 33061

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: MILLER, ANNIE
Address: 2900 NE 40TH ST
City-St-Zip: POMPANO BEACH, FL 33064

I hereby certify that the information supplied with this filing does not qualify 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: ANNIE MILLER

Electronic Signature of Signing Officer or Director

PSTD

04/27/2007

Date