

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90005 040 ***550.00

DOCUMENT # P03000001360

1. Entity Name
FUSION IMAGING INSTITUTE INC.



Principal Place of Business
**999 YAMATO ROAD
SUITE 100
BOCA RATON, FL 33431**

Mailing Address
**999 YAMATO ROAD
SUITE 100
BOCA RATON, FL 33431**

J4U0J101



2. Principal Place of Business
6274 LINTON BLVD

3. Mailing Address
6274 LINTON BLVD

Suite, Apt. #, etc.
Ste 102

Suite, Apt. #, etc.
Ste 102

07122004

Chg-P

CR2E034 (10/03)

City & State
DELRAY BEACH

City & State
DELRAY BEACH

4. FEI Number
32-0054836

Applied For
Not Applicable

Zip
33484

Country
USA

Zip
33484

Country
USA

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

6. Name and Address of Current Registered Agent

**DI FULVIO, DANIEL J
999 YAMATO ROAD
SUITE 100
BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

Name **Mr PAUL Silverberg**
Street Address (P.O. Box Number is Not Acceptable)
2665 EXECUTIVE PARK DRIVE
Suite #2
City **WESTON** FL Zip Code **33331**

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

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME **BERETSKY, IRWIN** ☐ Delete
STREET ADDRESS **999 YAMATO ROAD, SUITE 100**
CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **6274 LINTON BLVD** ☒ Change ☐ Addition
STREET ADDRESS **Suite 102**
CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/16/04