

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90107 003 ***150.00

| | | | |
|---|--|---|--|
| DOCUMENT # P03000034885 1. Entity Name MILLENNIUM IMAGING DIAGNOSTIC, CORP. | | | |
| Principal Place of Business 9650 SW 106TH COURT MIAMI, FL 33176 | | Mailing Address 9650 SW 106TH COURT MIAMI, FL 33176 | |
| 2. Principal Place of Business 15201 S.W. 80 St. Suite 305 Miami, FL 33193 DSA | | 3. Mailing Address 15201 S.W. 80 St. Suite 305 Miami, FL 33193 | |
| 4. FEI Number 56-235-1004 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | 04082004 Chg-P CR2E034 (10/03) | |
| 6. Name and Address of Current Registered Agent GOMEZ, ANIA 9650 SW 106TH COURT MIAMI, FL 33176 | | 7. Name and Address of New Registered Agent Name Ania Gomez Street Address (P.O. Box Number is Not Acceptable) 15201 S.W. 80 Street Ste 305 City Miami FL Zip 33193 | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P <input type="checkbox"/> Delete GOMEZ, ANIA 9650 SW 106TH COURT MIAMI, FL 33176 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ania Gomez 15201 S.W. 80 Street Ste 305 Miami, FL 33193 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S <input type="checkbox"/> Delete Martin, Ylanda 9650 SW 106th Court Miami, FL 33176 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Ania Gomez</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date <u>4/16/04</u> Daytime Phone # _____ | |

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