## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000053426

Entity Name: VASCULAR IMAGING ASSOCIATES, INC.

FILED Jan 15, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
1305 S. CONCDESS AVE	

1325 S. CONGRESS AVE. 108 BOYNTON BEACH, FL 33426

Current Mailing Address: New Mailing Address:

1325 S. CONGRESS AVE. 108 BOYNTON BEACH, FL 33426

FEI Number: 65-1187319 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SHANDLOFF, NED

9497 OLD PINE ROAD

BOCA RATON, FL 33428 US

SHANDLOFF, PATRICIA

9497 OLD PINE ROAD

BOCA RATON, FL 33428 US

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: PATRICIA SHANDLOFF 01/15/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Delete Title: () Change () Addition Name: SHNADLOFF, PATRICIA T Name:

 Name:
 SHNADLOFF, PATRICIA T
 Name:

 Address:
 1325 S. CONGRESS AVE., 108
 Address:

 City-St-Zip:
 BOYNTON BEACH, FL 33426
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PATRICIA T. SHANDLOFF P 01/15/2005