

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000058700

1. Entity Name
OMI MEDICAL IMAGING NETWORK, INC.



Principal Place of Business

**2200 NORTH COMMERCE PKWY
SUITE 100
WESTON, FL 33326**

Mailing Address

**2200 NORTH COMMERCE PKWY
SUITE 100
WESTON, FL 33326**



02152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0833838

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**DELGADO, MARIO R P.A.
2000 PONCE DE LEON BLVD
102
CORAL GABLES, FL 33134**

**DO NOT WRITE
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	ACOSTA, NELSON
STREET ADDRESS	2200 NORTH COMMERCE PKWY SUITE 100
CITY-ST-ZIP	WESTON, FL 33326
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000490549
04/18/06-80061-001 \$350.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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 persons empowered.

SIGNATURE: h. G.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-20-6