


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2007 08:00 A
Secretary of State

DOCUMENT # P03000058700 1. Entity Name OMI MEDICAL IMAGING NETWORK, INC.	
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Principal Place of Business 2200 NORTH COMMERCE PKWY SUITE 100 WESTON, FL 33326	Mailing Address 2200 NORTH COMMERCE PKWY SUITE 100 WESTON, FL 33326
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01252007 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 <input type="checkbox"/>	\$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
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**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000763844 05/30/07-80032-001 6850.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ACOSTA, NELSON 2200 NORTH COMMERCE PKWY SUITE 100 WESTON, FL 33326
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____
Date _____ Daytime Phone # _____