

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000058700 1. Entity Name OMI MEDICAL IMAGING NETWORK, INC.			
Principal Place of Business % NELSON ACOSTA 1155 BRICKELL BAY DR. #1904 MIAMI, FL 33131		Mailing Address % NELSON ACOSTA 1155 BRICKELL BAY DR. #1904 MIAMI, FL 33131	
<h2>DO NOT WRITE IN THIS SPACE</h2>			
6. Name and Address of Current Registered Agent DELGADO, MARIO R P.A. 2000 PONCE DE LEON BLVD # 102 CORAL GABLES, FL 33134		<h2>DO NOT WRITE IN THIS SPACE</h2>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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		<h2>DO NOT WRITE IN THIS SPACE</h2>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ACOSTA, NELSON 2200 NORTH COMMERCE PKWY SUITE 100 WESTON, FL 33326		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____	

FILED
08 MAY 16 PM 1:12
RECEIVED
TALLAHASSEE, FLORIDA



04292008 No Chg-P CR2E034 (11/05)

4. FEI Number 55-0833838	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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06/04/08--01034--001 **6038.75