

2007 FOR PROFIT CORPORATION ANNUAL REPORT

150

DOCUMENT # P03000065465 1. Entity Name MEDIMAGING, INC.						FILED 07 MAY -3 AM 9:15 ALABAMA STATE ALABAMA SECRETARY OF STATE																									
Principal Place of Business 5922 CATTLEMEN LN SUITE 101 SARASOTA, FL 34232				Mailing Address 5922 CATTLEMEN LN SUITE 101 SARASOTA, FL 34232																											
2. Principal Place of Business - No P.O. Box #				3. Mailing Address																											
Suite, Apt. #, etc.				Suite, Apt. #, etc.																											
City & State				City & State																											
Zip		Country		Zip		Country																									
6. Name and Address of Current Registered Agent BIBB, PETER 5922 CATTLEMEN LN SUITE 101 SARASOTA, FL 34232				7. Name and Address of New Registered Agent Name KEN SMITH Street Address (P.O. Box Number is Not Acceptable) 5922 CATTLEMEN LN #101 City SARASOTA FL Zip Code 34232																											
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.</small>				(NOTE: Registered Agent signature required when reinstating) KEN SMITH																											
DATE 4-24-07 <small>DATE</small>																															
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																											
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																											
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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: **KEN SMITH** **4-24-07** **941-371-2000**

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