## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000081553

Entity Name: FIRST CHOICE IMAGING, INC.

FILED Feb 01, 2005 Secretary of State

| Current Principal Place of Business:              |  |                                | New Principal Place of Business:            |  |
|---|--|--------------------------------|---|--|
|   | LE HARBOR F<br>PARK, FL 320              |                                |   |  |
| Current Mailing Address:                          |  |                                | New Mailing Address:                        |  |
|   | VNE CENTRE<br>60, CA 92122               | DRIVE STE 400                  |   |  |
| FEI Number: 55-0848602 FEI Number Applied For ( ) |  | FEI Number Not Applicable ( )  | Certificate of Status Desired (X)           |  |
| Name and  | d Address of C                           | Current Registered Agent:      | Name and Address of                         | of New Registered Agent:               |
| 1201 HAY:<br>TALLAHA:                             | ATION SERVIC<br>S STREET<br>SSEE, FL 323 | 012525 US                      |   |  |
| in the State                                      | e named entity :<br>e of Florida.        | submits this statement for the | purpose of changing its registere           | d office or registered agent, or both, |
| SIGNATUI  | RE:                                      |                                |   |  |
|   | Electror                                 | nic Signature of Registered Ag | ent   | Date                                   |
| Election Ca                                       | mpaign Financin                          | g Trust Fund Contribution ( ). |   |  |
| OFFICERS AND DIRECTORS:                           |  |                                | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:       | HULSEBUS, M.                             | ARBOR PKWY EAST                | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                |
| Title:<br>Name:<br>Address:<br>City-St-Zip:       | MUEHLBERG,                               | ARBOR PKWY EAST                | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                |
| Title:<br>Name:<br>Address:<br>City-St-Zip:       | SEIBERT, ROS                             | ARBOR PKWY EAST                | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                |
| Title:<br>Name:<br>Address:<br>City-St-Zip:       | SEIBERT, ROS                             | ARBOR PKWY EAST                | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                |

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: ROSS S. SEIBERT CFO 02/01/2005