

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90196 047 \*\*\*158.75

**DOCUMENT # P03000081553**

1. Entity Name  
**FIRST CHOICE IMAGING, INC.**



Principal Place of Business  
**1685 EAGLE HARBOR PKWY EAST  
 ORANGE PARK, FL 32003**

Mailing Address  
**9191 TOWNE CENTRE DRIVE STE 400  
 SAN DIEGO, CA 92122**

**60030328**



2. Principal Place of Business  
**5200 Davison Ave.**

3. Mailing Address  
**Suite B**

Suite, Apt. #, etc.

04262006 Chg-P CR2E034 (11/05)

City & State  
**Orlando FL**

City & State

Zip  
**32810** Country  
**USA**

Zip Country

4. FEI Number  
**55-0848602**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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)

Signature, typed or printed name of registered agent and title if applicable. DATE

**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 |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|----------------------------|---|---|--|
| TITLE<br>DCEO              | HULSEBUS, M. LEE <input checked="" type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| NAME                       | 1685 EAGLE HARBOR PKWY EAST                                 | NAME  |  |
| STREET ADDRESS             | ORANGE PARK, FL 32003                                       | STREET ADDRESS  |  |
| CITY-ST-ZIP                |   | CITY-ST-ZIP   |  |
| TITLE                      | DP <input checked="" type="checkbox"/> Delete               | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| NAME                       | MUEHLBERG, ROBERT S   | NAME  |  |
| STREET ADDRESS             | 1685 EAGLE HARBOR PKWY EAST                                 | STREET ADDRESS  |  |
| CITY-ST-ZIP                | ORANGE PARK, FL 32003                                       | CITY-ST-ZIP   |  |
| TITLE                      | DCFO <input type="checkbox"/> Delete                        | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| NAME                       | SEIBERT, ROSS   | NAME  | CEO  |
| STREET ADDRESS             | 1685 EAGLE HARBOR PKWY EAST                                 | STREET ADDRESS  | Seibert, Ross  |
| CITY-ST-ZIP                | ORANGE PARK, FL 32003                                       | STREET ADDRESS  | 9191 Towne Centre Drive #400   |
| TITLE                      | ST <input checked="" type="checkbox"/> Delete               | TITLE   | S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | SEIBERT, ROSS   | NAME  | WADSWORTH, Ann   |
| STREET ADDRESS             | 1685 EAGLE HARBOR PKWY EAST                                 | STREET ADDRESS  | 9191 Towne Centre Drive #400   |
| CITY-ST-ZIP                | ORANGE PARK, FL 32003                                       | CITY-ST-ZIP   | San Diego, CA 92122  |
| TITLE                      | <input type="checkbox"/> Delete                             | TITLE   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |   | NAME  | Arnwine, Don   |
| STREET ADDRESS             |   | STREET ADDRESS  | 9191 Towne Centre Drive #400   |
| CITY-ST-ZIP                |   | CITY-ST-ZIP   | San Diego, CA 92122  |
| TITLE                      | <input type="checkbox"/> Delete                             | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition              |
| NAME                       |   | NAME  |  |
| STREET ADDRESS             |   | STREET ADDRESS  |  |
| CITY-ST-ZIP                |   | CITY-ST-ZIP   |  |

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: Ann Wadsworth Ann WADSWORTH CAO 4/25/06 858-455-7127

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