
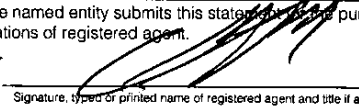
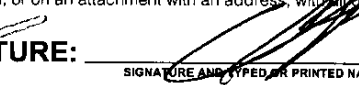


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90076 018 \*\*\*150.00

<b>DOCUMENT # P03000083188</b> 1. Entity Name DIAGNOSTIC IMAGING SERVICES NETWORK, INC.					
Principal Place of Business 4990 SW 72 AVE STE 104 MIAMI, FL 33155			Mailing Address 4990 SW 72 AVE STE 104 MIAMI, FL 33155		
2. Principal Place of Business 411 SW 27 AVENUE Suite, Apt. #, etc. 100		3. Mailing Address 411 SW 27 AVENUE Suite, Apt. #, etc. 100			
City & State miami: florida		City & State miami: florida		4. FEI Number 55-0845718	
Zip 33135		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  PEREZ, OMAR 4990 SW 72 AVE STE 104 MIAMI, FL 33155			7. Name and Address of New Registered Agent Name OMAR Perez Street Address (P.O. Box Number is Not Acceptable) 411 SW 27 AVENUE Suite 100 City miami FL Zip Code 33135		
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>				DATE: 2-23-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PEREZ, OMAR-V 4990 SW 72 AVE STE 104 MIAMI, FL 33155	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP OMAR V. Perez 411 SW 27 AVENUE Suite 100 miami FL 33135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 which I am empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE: 2-23-06 Daytime Phone #: 305 644-8077		