## 2005 FOR PROFIT CORPORATION. **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P03000089104

1. Entity Name

U.S.IMAGING OF SOUTH FLORIDA, INC

US



**FILED** May 03, 2005 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

11220 METRO PARKWAY

11220 METRO PARKWAY

FORT MYERS, FL 33912

FORT MYERS, FL 33912



04052005

No Chg-P

CR2E034 (10/03)

4. FEi Number 20-0150396

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  $\Box$ Fee Required

6. Name and Address of Current Registered Agent

HERITAGE TAX & CONSULTING SERV INC

11220 METRO PARKWAY

## DO NOT WRITE

FORT MYERS, FL 33912			IN THIS SPACE		
8. The above the obligat	named entity submits this statement for the plions of registered agent.	ourpose of changing its registere	d office or re	egisteréd agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable (NOTE Registered	Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
10.	OFFICERS AND DIRECTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GOLDBERG, DAVID 8059 QUEEN PALM LANE #721 FORT MYERS, FL 33912				05/04/05-80136-02 <b>0</b> 1 <b>50.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP			l.		
TITLE NAME STREET ADDRESS CITY-SY-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_				
TITLE NAME					

12. I hereby certify that the information supplied with this filling does not qualify 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 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

CITY-SY-ZIP

URE AND TYPED OR PRINTED NAME OF SURNING OFFICER OR DIRECTOR