

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000103301

FILED
Mar 16, 2004
Secretary of State

Entity Name: IMAGING MEDICAL SOLUTIONS, INC.

Current Principal Place of Business:

1580 SAWGRASS CORP PKWY SUITE 130
SUNRISE, FL 33323

New Principal Place of Business:

1580 SAWGRASS CORP PKWY SUITE 130
SUNRISE, FL 33323 US

Current Mailing Address:

1580 SAWGRASS CORP PKWY SUITE 130
SUNRISE, FL 33323

New Mailing Address:

FEI Number: 20-0282531 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NIEVES, ISANDER
1580 SAWGRASS CORP PKWY SUITE 130
SUNRISE, FL 33323

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P () Change (X) Addition
Name: GARCÍA, RUBÉN A
Address: 1580 SAWGRASS CORPORATE PARKWAY SUITE 130
City-St-Zip: SUNRISE, FL 33323

Title: D/T () Change (X) Addition
Name: NIEVES, ISANDER
Address: 1580 SAWGRASS CORPORATE PARKWAY SUITE 130
City-St-Zip: SUNRISE, FL 33323

Title: D/S () Change (X) Addition
Name: GUZMÁN, CÉSAR
Address: 1580 SAWGRASS CORPORATE PARKWAY SUITE 130
City-St-Zip: SUNRISE, FL 33323

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: RUBÉN A. GARCÍA

D/P

03/16/2004

Electronic Signature of Signing Officer or Director

Date