

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000103301

Entity Name: IMAGING MEDICAL SOLUTIONS, INC.

FILED
Mar 28, 2005
Secretary of State

Current Principal Place of Business:

1580 SAWGRASS CORP PKWY SUITE 130
SUNRISE, FL 33323 US

New Principal Place of Business:

11920 MIRAMAR PARKWAY
MIRAMAR, FL 33025 US

Current Mailing Address:

1580 SAWGRASS CORP PKWY SUITE 130
SUNRISE, FL 33323

New Mailing Address:

PO BOX 277855
MIRAMAR, FL 33027

FEI Number: 20-0282531

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

NIEVES, ISANDER
PO BOX 277855
MIRAMAR, FL 33027 US

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: ISANDER NIEVES

03/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change () Addition
Name: GARCÍA, RUBÉN A
Address: PO BOX 277855
City-St-Zip: MIRAMAR, FL 33027

Title: D/T (X) Change () Addition
Name: NIEVES, ISANDER
Address: PO BOX 277855
City-St-Zip: MIRAMAR, FL 33027

Title: D/S (X) Change () Addition
Name: GUZMÁN, CÉSAR
Address: PO BOX 277855
City-St-Zip: MIRAMAR, FL 33027

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: ISANDER NIEVES

D/T

03/28/2005

Electronic Signature of Signing Officer or Director

Date