

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000103301

1. Entity Name
IMAGING MEDICAL SOLUTIONS, INC.



Principal Place of Business
**11920 MIRAMAR PARKWAY
MIRAMAR, FL 33025 US**

Mailing Address
**PO BOX 277855
MIRAMAR, FL 33027**

FILED
Feb 05, 2007 08:00 AM
Secretary of State



02012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0282531	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

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

6. Name and Address of Current Registered Agent

**NIEVES, ISANDER
11920 MIRAMAR PKWY
HOLLYWOOD, FL 33025**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D/P
NAME	GARCIA, RUBEN A
STREET ADDRESS	PO BOX 277855
CITY-ST-ZIP	MIRAMAR, FL 33027

TITLE	D/T
NAME	NIEVES, ISANDER
STREET ADDRESS	PO BOX 277855
CITY-ST-ZIP	MIRAMAR, FL 33027

TITLE	D/S
NAME	GUZMAN, CESAR
STREET ADDRESS	PO BOX 277855
CITY-ST-ZIP	MIRAMAR, FL 33027

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000620604
02/09/07-80044-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-1-07

954-441-9343