

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000103301

FILED  
Mar 13, 2009  
Secretary of State

Entity Name: IMAGING MEDICAL SOLUTIONS, INC.

## Current Principal Place of Business:

11920 MIRAMAR PARKWAY  
MIRAMAR, FL 33025 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 277855  
MIRAMAR, FL 33027

## New Mailing Address:

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  
11920 MIRAMAR PKWY  
HOLLYWOOD, FL 33025 US

## Name and Address of New Registered Agent:

NIEVES, ISANDER  
11920 MIRAMAR PKWY  
MIRAMAR, FL 33025 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:

03/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

03/13/2009

Electronic Signature of Signing Officer or Director

Date