

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90044 027 ***150.00

DOCUMENT # P04000025338

1. Entity Name

MEDICAL DIAGNOSTIC IMAGING, INC



Principal Place of Business

1983 PGA BLVD
SUITE #102
PALM BEACH GARDENS FL 33408
US

Mailing Address

1983 PGA BLVD
SUITE #102
PALM BEACH GARDENS FL 33408
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-0702171

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOUGHERTY, THOMAS H
772 U.S. HIGHWAY ONE
SUITE 200
NORTH PALM BEACH FL 33408

Name

Bruce - Goldberg

Street Address (P.O. Box Number is Not Acceptable)

1983 PGA BLVD STE 102

City

P.B.G.

FL

Zip Code

33408

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

Bruce A. Goldberg

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, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME KAPLAN, ERIC S
STREET ADDRESS 27 MARLWOOD LANE
CITY-ST-ZIP PALM BEACH GARDENS FL 33418 ☒ Delete

TITLE P
NAME GOLDBERG, BRUCE
STREET ADDRESS 1983 PGA BLVD. STE 102
CITY-ST-ZIP PALM BEACH Gard. FL 33408 ☒ Change ☐ Addition

TITLE S
NAME GOLDBERG, BRUCE
STREET ADDRESS 1983 PGA BLVD
CITY-ST-ZIP PALM BEACH GARDENS FL 33408 ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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:

Bruce A. Goldberg Bruce A. Goldberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/8/05

561-674-2227

Daytime Phone #