2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 08, 2005 8:00 am Secretary of State

1. Entity Name ADVANCED MEDICAL IMAGING OF PINELLAS, INC.					04-08-2005 90037 002 ***150.00			
Principal Place of Business 9555 SEMINOLE BOULEVARD, SUITE 101 SEMINOLE, FL 33772 Mailing Address 9555 SEMINOLE B SEMINOLE, FL 33			OULEVARD, SUITE 101 772				u u	
2. Principal Place of Business 3. Mailing Addr.								
2. Principal Place of Business		3. Mailing Address			LUL OLDU BOSA ODLU: BOX			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01182005	Chg-P	CR2E034 (10/	03)	
City & State		City & State		4. FEI Number	1463265		Applied For Not Applicable	
Zip Country		Zip_	Zip_ Country		5. Certificate of		\$8.75	Additional
	6. Name and Address of Current	Registered Agent	<u> </u>		7. Name and A	ddress of New R		lonea
				Name				•
GOOD, JOAN J 9555 SEMINOLE BOULEVARD, SUITE 101				Street Address	(P.O. Box Number is Not Acceptable)			
SEMINOL	E, FL 33772							
	• •		7	City			FL Zip	Code
	named entity submits this statement for	or the purpose of changing its ,	registered	office or registe	ered agent, or both,	in the State of Flo	rida. I am familiar v	vith, and accept
-								
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOT)	E: Registered Ag	gent signature require	ed when reinstating)		DATE	
•								
FIL	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.	9. Election Campa Trust Fund Cont			5.00 May Be Ided to Fees			
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FIL After Ma	ay 1, 2005 Fee will be \$550. OFFICERS AND	OO Trust Fund Cont	11.		5.00 May Be ided to Fees	HANGES TO OFFI	ICERS AND DIREC	
FIL After Ma	D GOOD, JOAN J	Trust Fund Cont	ribution.	A A	5.00 May Be ided to Fees	HANGES TO OFFI		
FIL After M: 10. TITLE NAME	ay 1, 2005 Fee will be \$550. OFFICERS AND	Trust Fund Cont	11. IITLE NAME	ADDRESS ADDRESS	5.00 May Be ided to Fees	HANGES TO OFFI		
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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: