


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2005 8:00 am
Secretary of State

08-11-2005 90002 039 ***550.00

DOCUMENT # P04000097333		
1. Entity Name FAWCETT MEDICAL IMAGING, P.A.		

Principal Place of Business 21298 OLEAN BLVD PT CHARLOTTE, FL 33949	Mailing Address 21298 OLEAN BLVD PT CHARLOTTE, FL 33949
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50660962



2. Principal Place of Business		3. Mailing Address c/o RBS	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 3152 Curtis Drive	
City & State		City & State Flint MI	
Zip	Country	Zip	Country
		48507	Genesee

07182005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1298081	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent THE HEALTH LAW FIRM 220 E CENTRAL PKWY ALTAMONTE SPRINGS, FL 32701		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

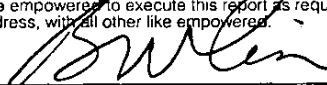
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President (P) Dr. Barry Weiss 19375 Water Oaks Drive #208 Port Charlotte FL 33948 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President (V) Dr. Ramanan Venkat 4144 Myakka Pt. Drive Port Charlotte FL 33953 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary + Treasurer (T) (S) Dr. Bruce Bielet 234 Divinci Punta Gorda FL 33950 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  8/8/05 941 627619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #