


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # P05000030080
1. Entity Name
MEDICAL IMAGING CONSULTING & SERVICES INC.



Principal Place of Business
**1015 WINDTON OAK DR
RUSKIN, FL 33570**

Mailing Address
**1015 WINDTON OAK DR
RUSKIN, FL 33570**

DO NOT WRITE IN THIS SPACE



04112007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-2433454

Applied For
Not Applicable

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

-6- Name and Address of Current Registered Agent

**CARRION, RICARDO A
1015 WINDTON OAK DR
RUSKIN, FL 33570**

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 _____ (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**

100000710680
04/25/07-80054-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CARRION, RICARDO A
STREET ADDRESS	1015 WINDTON OAK DR
CITY - ST - ZIP	RUSKIN, FL 33570
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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:  **Ricardo A. Carrion** 4/13/07 813-361-0723

Signature and typed or printed name of signing officer or director Date Daytime Phone #