

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000064750 1. Entity Name NORTH PORT DIAGNOSTIC IMAGING CENTER, INC.				FILED 2007 MAY 18 P 2: 18 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 17501 O'HARA DRIVE PORT CHARLOTTE, FL 33948		Mailing Address 17501 O'HARA DRIVE PORT CHARLOTTE, FL 33948			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>c/o David A. Holmes</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. 99 Nesbit Street			
City & State		City & State Punta Gorda, FL			
Zip	Country	Zip 33950	Country USA	4. FEI Number 20-2944099 NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FILEMAN, GARY T 1107 WEST MARION AVENUE SUITE 112 PUNTA GORDA, FL 33950				7. Name and Address of New Registered Agent Name David A. Holmes Street Address (P.O. Box Number is Not Acceptable) 99 Nesbit Street City Punta Gorda FL Zip Code 33950	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ROSS, STEPHEN M 17501 O'HARA DRIVE PORT CHARLOTTE, FL 33948	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD VD ROSS, STEPHEN M 17501 O'HARA DRIVE PORT CHARLOTTE, FL 33948	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD WHITE, JAMES E. 2430 TAMiami TRAIL Suite B PORT CHARLOTTE, FL 33948	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PLESZAR, DAVID 3430 TAMiami TRAIL Suite B PORT CHARLOTTE FL 33952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>[Signature]</i>			X 4/21/07 X 941-8383 <small>Date Daytime Phone #</small>		