


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000064823		
1. Entity Name CARDIAC STRESS IMAGING, INC.		


Principal Place of Business 17501 O'HARA DRIVE PORT CHARLOTTE, FL 33948	Mailing Address 17501 O'HARA DRIVE PORT CHARLOTTE, FL 33948
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <i>Ch David A. Holmes</i> Suite, Apt. #, etc. <i>99 Nesbit Street</i> City & State <i>Punta Gorda, FL</i> Zip <i>33950</i> Country <i>USA</i>
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FILED

2007 MAY 18 P 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04132007 Chg-P CR2E034 (12/06)

4. FEI Number <i>20-294418</i>	Applied For <input checked="" type="checkbox"/> 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	
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7. Name and Address of New Registered Agent Name <i>David A. Holmes</i> Street Address (P.O. Box Number is Not Acceptable) <i>99 Nesbit Street</i> City <i>Punta Gorda</i> FL Zip Code <i>33950</i>	
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)</small>	DATE _____

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
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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	<i>PSD</i> <i>ROSS, STEPHEN M.</i> <i>17501 O'HARA DR., PORT CHARLOTTE, FL 33948</i> <input checked="" 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	<i>VD</i> <i>WHITE, JAMES E.</i> <i>3430 TAMMAMAIL TRAIL Suite B</i> <i>PORT CHARLOTTE, FL 33952</i> <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	<i>VD</i> <i>FLEZAR, DAVID</i> <i>3430 TAMMAMAIL TRAIL Suite B</i> <i>PORT CHARLOTTE, FL 33952</i> <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
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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 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>X</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <i>4/22/07</i> Daytime Phone # <i>843-8343</i>