


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2008 8:00 am
Secretary of State

07-14-2008 90026 039 ***150.00

DOCUMENT # P05000141043

1. Entity Name
WOMEN'S DIAGNOSTIC IMAGING, INC.



Principal Place of Business 3146 CORAL WAY SUITE 201 MIAMI, FL 33145	Mailing Address 3146 CORAL WAY SUITE 201 MIAMI, FL 33145
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



07092008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

**SILVA, LORRAINE D
3146 CORAL WAY
SUITE 201
MIAMI, FL 33145**

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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008	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	P SILVA, LORRAINE D 3146 CORAL WAY, SUITE 201 MIAMI, FL 33145 <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	VP Silva, Carlos 3146 CORAL WAY, SUITE 201 MIAMI, FL 33145 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **4/3/08 305-818-7225**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

ATTACHMENT

40110531

July 9, 2008

Florida Department of State
Secretary of State
DIVISION OF CORPORATIONS
P.O. Box 8700
Tallahassee, FL 32314

**RE: Palmetto Open MRI – Document No. P00000030364; and
Women's Diagnostic Imaging, - Document No. P05000141043**

Dear Sir or Madam:

As I mentioned to one of your clerks during our telephone conversation, back in April of this year we had mailed two separate checks in one envelope to cover the 2007 Annual Filing fee for the above-referenced corporations. I have checked with our bank and the checks were not paid and have therefore cancelled those checks. Enclosed please find the replacement checks. Please note that it does not include the late filing fee as your clerk said to send in a letter with the checks explaining what had happened. Also enclosed is the corresponding Annual Reports.

Should you have any questions, feel free to call me at (305) 818-6868.

Sincerely,



LORRAINE D. SILVA
Financial Director

/lds