2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2008
Secretary of State

DOCUMENT# P05000141615

Entity Name: INNOVATIVE IMAGING ASSOCIATES, P.A.

Current Principal Place of Business:

7032 BAYOU WEST AVENUE
PINELLAS PARK, FL 33782

New Principal Place of Business:

4533 39TH STREET SOUTH
ST PETERSBURG, FL 33711

Current Mailing Address:

7032 BAYOU WEST AVENUE
PINELLAS PARK, FL 33782

New Mailing Address:

4533 39TH STREET SOUTH
ST PETERSBURG, FL 33711

FEI Number: 20-3618167 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WALKER, GARY ESQ.
202 S. ROME AVENUE
SUITE 100
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

BRADFIELD, HAROLD MD
4533 39TH STREET SOUTH
ST PETERSBURG, FL 33711 US

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.

SIGNATURE: HAROLD BRADFIELD MD 08/26/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: MGRM ( ) Delete
Name: RAZACK, NASSER
Address: 7032 BAYOU WEST AVENUE
City-St-Zip: PINELLAS PARK, FL 33782

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MGRM (X) Change ( ) Addition
Name: BRADFIELD, HAROLD MD
Address: 4533 39TH STREET SOUTH
City-St-Zip: ST PETERSBURG, FL 33711

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROLD BRADFIELD, MD MGRM 08/26/2008
Electronic Signature of Signing Officer or Director Date