

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000161481

FILED
Mar 29, 2009
Secretary of State

Entity Name: ALL IMAGES DIAGNOSTIC MEDICAL CENTER, INC.

Current Principal Place of Business:

8300 SW 8TH ST
STE 301
MIAMI, FL 33144

New Principal Place of Business:

Current Mailing Address:

8300 SW 8TH ST
STE 301
MIAMI, FL 33144

New Mailing Address:

FEI Number: 20-3924170

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

URGUELLES, RAUL
8851 NW 119 ST
UNIT 5225
HIALEAH GARDENS, FL 33018 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: URGUELLES, RAUL 8851 NW
Address: 119 ST - UNIT 5225
City-St-Zip: HIALEAH GARDENS, FL 33018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: URGUELLES, RAUL
Address: 8851 N.W 119 ST - UNIT 5225
City-St-Zip: HIALEAH GARDENS, FL 33018

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: RAUL URGUELLES

P

03/29/2009

Electronic Signature of Signing Officer or Director

Date