

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000038162

FILED  
Feb 19, 2007  
Secretary of State

Entity Name: WEST DIAGNOSTIC MEDICAL IMAGING INC.

## Current Principal Place of Business:

6671 WEST WEDGEWOOD AVE  
DAVIE, FL 33331

## New Principal Place of Business:

6700 N. ANDREWS AVENUE  
SUITE 109  
FORT LAUDERDALE, FL 33309

## Current Mailing Address:

6671 WEST WEDGEWOOD AVE  
DAVIE, FL 33331

## New Mailing Address:

6700 N. ANDREWS AVENUE  
SUITE 109  
FORT LAUDERDALE, FL 33309

FEI Number: 20-5643945

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MACHADO, SOLANGIE  
6671 WEST WEDGEWOOD AVE  
DAVIE, FL 33331 US

## Name and Address of New Registered Agent:

MACHADO, SOLANGIE  
6700 N. ANDREWS AVENUE  
SUITE 109  
FORT LAUDERDALE, FL 33309 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:

02/19/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MACHADO, DENIS L  
Address: 6671 WEST WEDGEWOOD AVE  
City-St-Zip: DAVIE, FL 33331

Title: VP ( ) Delete  
Name: MACHADO, SOLANGIE  
Address: 6671 WEST WEDGEWOOD AVE  
City-St-Zip: DAVIE, FL 33331

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MACHADO, DENIS L  
Address: 6700 N. ANDREWS AVENUE SUITE 109  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: VP (X) Change ( ) Addition  
Name: MACHADO, SOLANGIE  
Address: 6700 N. ANDREWS AVE SUITE 109  
City-St-Zip: FORT LAUDERDALE, FL 33309

I hereby certify that the information supplied with this filing does not qualify for the 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: SOLANGIE MACHADO

VP

02/19/2007

Electronic Signature of Signing Officer or Director

Date