

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000074861

FILED
Jan 13, 2007
Secretary of State

Entity Name: FORTE MEDICAL IMAGING, INC.

Current Principal Place of Business:

27903 SW 160TH AVE.
HOMESTEAD, FL 33031

New Principal Place of Business:

701 S HOMESTEAD BLVD
#5
HOMESTEAD, FL 33030

Current Mailing Address:

27903 SW 160TH AVE.
HOMESTEAD, FL 33031

New Mailing Address:

FEI Number: 20-4991837 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORTE, JAVIER
27903 SW 160TH AVE.
HOMESTEAD, FL 33031 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: PD () Delete
Name: FORTE, JAVIER
Address: 27903 SW 160TH AVE.
City-St-Zip: HOMESTEAD, FL 33031

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAVIER FORTE

PD

01/13/2007

Electronic Signature of Signing Officer or Director

Date