2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000097931

Entity Name: PREMIER IMAGING SOLUTIONS, INC.

FILED Apr 22, 2009 Secretary of State

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Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
20861 JOHNSON STREET BUILDING 104 PEMBROKE PINES, FL 33029			BUILDING 103	20861 JOHNSON STREET BUILDING 103 PEMBROKE PINES, FL 33029	
Current M	lailing Addre	ess:	New Mailing Add	New Mailing Address:	
20861 JOHNSON STREET BUILDING 104 PEMBROKE PINES, FL 33029			BUILDING 103	20861 JOHNSON STREET BUILDING 103 PEMBROKE PINES, FL 33029	
FEI Number:	: 39-2062082	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
HERNANDEZ, LORENA 20861 JOHNSON STREET BULDING 103 PEMBROKE PINES, FL 33029 US			BULDING 103	20861 JOHNSON STREET	
The above in the State	e named entity e of Florida.	submits this statement for the p	urpose of changing its regist	ered office or registered agent, or both,	
SIGNATURE: ELKIN SANCHEZ				04/22/2009	
	Electro	onic Signature of Registered Age	nt	Date	
Election Car	mpaign Financi	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	HERNANDEZ 20861 JOHNS) Delete , TYRONE SON STREET, BUILDING 103 PINES, FL 33029	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SANCHEZ, EI 20861 JOHNS) Delete LKIN SON STREET, BUILDING 103 PINES, FL 33029	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HERNANDEZ 20861 JOHNS	X) Delete , LORENA SON STREET, BUILDING 103 PINES, FL 33029	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	,	X) Delete STEIN. RIANO	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: ELKIN SANCHEZ V.P. 04/22/2009

20861 JOHNSON STREET, BUILDING 103

PEMBROKE PINES, FL 33029

Address:

City-St-Zip: