

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000070301

FILED
Apr 24, 2006
Secretary of State

Entity Name: REGIONAL MEDICAL IMAGING, INC.

Current Principal Place of Business:

7475 NW 4TH STREET
FT LAUDERDALE, FL 33317 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 16725
PLANTATION, FL 33318 US

New Mailing Address:

FEI Number: 65-0529908

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

D'AGOSTINO, JAMES
2200 SW 131 TERRACE
DAVIE, FL 33325 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: MASLOWE, DREW
Address: 2173 SW 132 WAY
City-St-Zip: DAVIE, FL 33325

Title: V () Delete
Name: D'AGOSTINO, JAMES
Address: 2200 SW 131 TERRACE
City-St-Zip: DAVIE, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JAMES D'AGOSTINO

V

04/24/2006

Electronic Signature of Signing Officer or Director

Date