

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000035762

FILED
Jan 15, 2007
Secretary of State

Entity Name: PALMETTO MEDICAL IMAGING, P.A.

Current Principal Place of Business:

2900 N. MILITARY TRAIL
120
BOCA RATON, FL 33431 US

Current Mailing Address:

2900 N. MILITARY TRAIL
120
BOCA RATON, FL 33431 US

New Principal Place of Business:

2929 E COMMERCIAL BLVD
SUITE 600
FORT LAUDERDALE, FL 33308 US

New Mailing Address:

2929 E COMMERCIAL BLVD
SUITE 600
FORT LAUDERDALE, FL 33308 US

FEI Number: 65-0577062 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUSH, MICHAEL J
2900 N. MILITARY TRAIL
120
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

RUSH, MICHAEL J
2929 E COMMERCIAL BLVD
SUITE 600
FORT LAUDERDALE, FL 33308 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:

01/15/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BECERRA, JOSE L MD
Address: 760 CURTISWOOD DR
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VD () Delete
Name: SPOLIAANSKY, GABRIEL MD
Address: 2127 BRICKELL AVENUE, UNIT 501
City-St-Zip: MIAMI, FL 33129

Title: TD () Delete
Name: JOSEPH, RONALD MD
Address: 1011 ADUANA AVENUE
City-St-Zip: CORAL GABLES, FL 33146

Title: SD () Delete
Name: LEBORGNE, JUAN-MARTIN MD
Address: 7575 SW 47TH CT
City-St-Zip: MIAMI, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JOSE BECERRA MD

PD

01/15/2007

Electronic Signature of Signing Officer or Director

Date