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Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90148 028 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000014962

1. Corporation Name

IMAGE DIAGNOSTIC, INC.

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2611 N. HIATUS ROAD SUITE 116 COOPER CITY FL 33026 2611 N. HIATUS ROAD SUITE 116 COOPER CITY FL 33026 201 202 202 203 204 205 205 206 207 207 208 208 208 208 209 208 209 209 209 209 209 209 209 209 209 209	t Applicable additional
SUITE 116 COOPER CITY FL 33026 DO NOT WRITE IN THIS SPACE	t Applicable additional
3. Date Incorporated or Qualifed 02/16/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired \$8.75 Addition	t Applicable additional
02/16/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied 21 26 65-0646759 Not App Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Addition	t Applicable additional
21 26 65-0646759 Not App Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Addition	t Applicable additional
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Addition	dditional
Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired	
Fee Require	quired
City & State - 6. Election Campaign Financing \$5.00 May	
28 Trust Fund Contribution Added to Fee	Fees
Zip Country Zip Country 8. This corporation owes the current year Intangible	\
24 25 25 30	□No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent	
Name BOODIE S. MILLER OPA	× .
LEWIN, HARLEY 82 Street Address (P.O. Box Number is Not Acceptable)	7/2
	乙1乙
SUITE 116	
COOPER CITY FL 33026	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist office or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register agent. I am familiarly with, and accept the obligations of, Section 607.0505, Florida Statutes.	Code SOZ4
office or registered agent, or both in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as register agent. Lam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.	Code SOZ4
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	Code SOZ4
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	Code BOZ4 registered gistered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II	Code OZ registered gistered RS IN 12
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliedental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or truebee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or for an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP