2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000014962

Entity Name: IMAGE DIAGNOSTIC, INC.

FILED Mar 17, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4611 S. UNIVERSITY DRIVE 9050 PINES BLVD

SUITE 402 SUITE 384

DAVUE, FL 33328 PEMBROKE PINES, FL 33024

Current Mailing Address: New Mailing Address:

4611 S. UNIVERSITY DRIVE 9050 PINES BLVD SUITE 402 SUITE 384

DAVUE, FL 33328 PEMBROKE PINES, FL 33024

FEI Number: 65-0646759 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MILLER, BONNIE S CPA 9050 PINES BLVD STE-384 PEMBROKE PINES, FL 33024

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: Date

Electronic Signature of Registered Agent

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition LEWIN, HARLEY LEWIN, HARLEY Name: Name:

4611 S. UNIVERSITY DRIVE, STE. #402 Address: 9050 PINES BLVD SUITE 384 Address: City-St-Zip: **DAVIE, FL 33328** City-St-Zip: PEMBROKE PINES, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. 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: HARLEY LEWIN **PRES** 03/17/2004