

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90283 028 \*\*\*150.00

**DOCUMENT # P96000015138**

1. Entity Name  
**THE THERMOMAMMOGRAPHY CORPORATION**



Principal Place of Business  
**C/O JACOB GREEN, M.D.  
3728 PHILIPS HWY., STE. 31  
JACKSONVILLE, FL 32207**

Mailing Address  
**C/O JACOB GREEN, M.D.  
3728 PHILIPS HWY., STE. 31  
JACKSONVILLE, FL 32207**

**94054723**



03232004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3372443</b>	Applied For <input type="checkbox"/> Not Applicable
5. -Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**AKEL, EDWARD C  
1 INDEPENDENT DR.  
SUITE 2301  
JACKSONVILLE, FL 32202**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	GREEN, JACOB M.D.PHD
STREET ADDRESS	3728 PHILIPS HWY., STE. 31
CITY - ST - ZIP	JACKSONVILLE, FL 32207

TITLE	D
NAME	YANNAcone, VICTOR
STREET ADDRESS	3728 PHILIPS HWY., STE. 31
CITY - ST - ZIP	JACKSONVILLE, FL 32207

TITLE	D
NAME	KIVINK, ALAN
STREET ADDRESS	3728 PHILIPS HWY STE. 31
CITY - ST - ZIP	JACKSONVILLE, FL 32207

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #