


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90260 021 \*\*\*150.00

<b>DOCUMENT # P96000052131</b>					
<b>1. Entity Name</b> FLORIDA METABOLIC IMAGING, INC.					
<b>Principal Place of Business</b> 5458 TOWNE CENTER ROAD SUITE 102 BOCA RATON, FL 33020			<b>Mailing Address</b> PO BOX 11697 FT. LAUDERDALE, FL 33339		
<b>2. Principal Place of Business</b> 5458 Town Center Road		<b>3. Mailing Address</b>			
Suite, Apt. #, etc. Suite # 103		Suite, Apt. #, etc.			
City & State Boca Raton, FL		City & State			
Zip 33486		Country US		Zip	
Country US		Zip		Country	
<b>4. FEI Number</b> 65-0686110			Applied For Not Applicable		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b> KOTLER, ANITA P 1720 HARRISON ST STE 6CW HOLLYWOOD, FL 33020			<b>7. Name and Address of New Registered Agent</b>		
Name <i>Anita Park Esq.</i>			Name <i>Paoli, Anita Esq.</i>		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
1720 Harrison St, Suite #6 C-W			1720 Harrison St, Suite #6 C-W		
City <i>Hollywood</i>			City <i>Hollywood</i>		
Zip Code <i>33020-6829</i>			Zip Code <i>33020-6829</i>		
<b>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.</b>					
SIGNATURE <i>Anita Park</i>				DATE <i>4/18/05</i>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KOTLER, JON A 5458 TOWNE CENTER ROAD BOCA RATON, FL 33020	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KOTLER, ANITA P 1720 HARRISON ST STE 6CW HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Paoli, Anita Esq. 1720 Harrison St, Ste 6 C-W Hollywood, FL 33020-6829	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
SIGNATURE: <i>Anita Park Esq.</i>				DATE: <i>4/18/05</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	