


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000074141 1. Entity Name VITAL IMAGE INTERNATIONAL, INC.		
Principal Place of Business 5332 BUCKHEAD CIRCLE BOCA RATON, FL 33486	Mailing Address 5332 BUCKHEAD CIRCLE BOCA RATON, FL 33486	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GUIDILE, ANTHONY 11460 NW 56TH DR POMPANO BEACH, FL 33076		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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small> DATE: _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GELBERG, BONNIE 5332 BUCKHEAD CIRCLE BOCA RATON, FL 33486	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSE, ALVIN E 7750 DOUBLETON DR DELRAY BEACH, FL 33446	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Bonnie Gelberg</u> BONNIE GELBERG-PRES. 3/21/04 561-702-0762 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>		



03212005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0779812	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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03/23/05-80016-001 150.00

**DO NOT WRITE
IN THIS SPACE**