


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000088996

1. Entity Name
HEALTH IMAGING GROUP, INC.



Principal Place of Business 8260 W FLAGLER ST 1J MIAMI, FL 33144	Mailing Address 8260 W. FLAGLER STREET 1J MIAMI, FL 33144
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07012004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0793332	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**DELGADO, FRANCISCO M
 8260 W. FLAGLER STREET #111
 MIAMI, FL 33144**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELGADO, FRANCISCO M 8260 W FLAGLER ST 1J MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DELGADO, M 8260 W FLAGLER ST 1J MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DELGADO, ROSE 8260 W FLAGLER STREET 1J MIAMI, FL 33144
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 07/06/04-80010-007 158.75

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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: Francisco M. Delgado 7/1/04 305.223.2464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #