

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000088996

Entity Name: HEALTH IMAGING GROUP, INC.

FILED  
May 26, 2005  
Secretary of State

## Current Principal Place of Business:

8260 W FLAGLER ST  
1J  
MIAMI, FL 33144

## New Principal Place of Business:

## Current Mailing Address:

8260 W. FLAGLER STREET  
1J  
MIAMI, FL 33144

## New Mailing Address:

FEI Number: 65-0793332

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DELGADO, FRANCISCO M  
Address: 8260 W FLAGLER ST 1J  
City-St-Zip: MIAMI, FL 33144

Title: VP ( ) Delete  
Name: DELGADO, M  
Address: 8260 W FLAGLER ST 1J  
City-St-Zip: MIAMI, FL 33144

Title: S ( ) Delete  
Name: DELGADO, ROSE  
Address: 8260 W FLAGLER STREET 1J  
City-St-Zip: MIAMI, FL 33144

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 Statutes. 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: FRANCISCO M. DELGADO

PD

05/26/2005

Electronic Signature of Signing Officer or Director

Date