## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000088996

City-St-Zip: MIAMI, FL 33144

Entity Name: HEALTH IMAGING GROUP, INC

FILED Jun 28, 2007 Secretary of State

Entity Nar	ne: HEALIHI	MAGING GROUP, INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	AGLER ST					
1J MIAMI, FL	33144					
Current Mailing Address:			New Maili	New Mailing Address:		
	_AGLER STRE	ET				
1J MIAMI, FL	33144					
FEI Number:	65-0793332	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
	, FRANCISCO _AGLER STRE 33144 US					
The above in the State		ubmits this statement for the p	urpose of changing it	ts registere	d office or registered agent, or both,	
SIGNATUR	RE:					
	Electroni	c Signature of Registered Age	ent		Date	
		(2)(b), F.S., the corporation did no Trust Fund Contribution ( ).	t receive the prior notic	e.		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () DELGADO, FRA 8260 W FLAGLE MIAMI, FL 3314	ER ST 1J	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP () DELGADO, M 8260 W FLAGLE MIAMI, FL 3314		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address:	S () DELGADO, ROS 8260 W FLAGLE		Title: Name: Address:	S DELGADO, 8260 W FL	(X) Change()Addition ROSA AGLER STREET 1J	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

City-St-Zip: MIAMI, FL 33144

SIGNATURE: FRANCISCO M. DELGADO PD 06/28/2007