

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**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**

**FILED  
Jun 23, 2008 08:00 AM  
Secretary of State**



06182008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0793332**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

000000953326  
06/23/08-80001-022 150.00

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

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, ROSA  
8260 W FLAGLER STREET 1J  
MIAMI, FL 33144**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #