## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P97000088996 DOCUMENT #

SIGNATURE:

1. Entity Name
HEALTH IMAGING GROUP, INC



## **FILED** Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90244 032 \*\*\*150.00

NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME DELGADO, FRANCISCO M STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  S  Delete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  S  Delete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  S  Delete  TITLE  S  TITLE  T	PEALTH IMAGING GROUP, INC.				
Sulfe, Apt. #, etc.  Sulfe, Ap	8260 W FLAGLER ST	8260 W. FLAGLER STRE	EET		
Sulles, Apt. #, etc.   Sulto, Apt. #, etc.   CHECK HERE IF MAKING CHANGES    City & State   Country   Zip   Country   5. Certificate of Status Decired   \$8.75 Additional Fee Requirement Of Status Decired Agent   Discourage of Changing its registered agent, or both, in the Status of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE   Signature representative status expenses of dearring its registered agent, or both, in the Status of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE   Signature representative status expenses of dearring its registered agent, or both, in the Status of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE   Signature representative status expenses agent dearring dearring dearring its registered agent, or both, in the Status of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE   Signature representative status expenses agent dearring dearring its registered agent, or both, in the Status of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE   Signature representative status expenses agent dearring agent of both, in the Status of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE   Signature representative status expenses agent dearring agent of Florida agent agent.  SIGNATURE   Signature representative status expenses agent dearring agent agen	MIAMI FL 33144	MIAMI FL 33144			11
City & State  Country  S. Certificate of Status Desired  Stress Required  T. Name and Address of New Registered Agent  Stress Required  T. Name and Address of New Registered Agent  Stress Required  Stress Required  T. Name and Address of New Registered Agent  Stress Required  T. Name and Address of New Registered Agent  Stress Required  T. Name and Address of New Registered Agent  Stress Required  T. Name and Address of New Registered Agent  Stress Required  T. Name and Address of New Registered Agent  Stress Required  Total Purple Circle  Tity City  T. Name and Address of New Registered Agent  Stress Required  Tity City  T. Name and Address of New Registered Agent  Stress Required  Tity City  T. Name and Address of New Registered Agent  Tity City  T. Name and Address of New Registered Agent  Total Purple  Tity City  Tity City  T. Name and Address of New Registered Agent  Total Purple  Tity City  The City  Tity City  The City  Total Purple  Tity City  Tity City  Total Purple  Tity City  Tity City  Total Purple  Tity City  Tity City  Tity City  Tity	2. Principal Place of Business	3. Mailing Address		-	
City & State    City & State   City & City & State   City & City & State   City & City & State   City & Cit		Suite, Apt. #, etc.		CHECK HERE IF MAKII	NG CHANGES
Time   Po	City & State	City & State	en E. Trees.		Applied For
DELGADO, FRANCISCO M.  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Z	Zip Country	Žip	Country		\$8.75 Additional
Name   Name   Street Addrises (P.O. Box Number is Not Acceptable)   Street Addrises (P.O. Box Number	6. Name and Address of Current R	legistered Agent		7. Name and Address of New Registere	•
Street Address (P.O. Box Number is Not Acceptable)	DELCADO, EDIVIDIDAD A		Name	The state of the s	u Ageill
MAMI FL 33144  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  SIGNATURE Suprove speal or private name of registered agent and their deplicable.  PILE NOWILI FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10.			Street Address	(P.O. Box Number is Not Acceptable)	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Flonda. I am familiar with, and accept the obligations of registered agent.    Signature   File   Now!!!   FEE IS \$150.00					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    SIGNATURE			City	E	Zip Code
SIGNATURE    Signature, typed or printed name of registered agent and trial of applicable. (NOTE Registered Agent signature required when remaisting)   PILE NOW!!! FEE IS \$150.00	8. The above named entity submits this statement for	the purpose of changing it	s registered office or registe	red agent, or both, in the State of Florida. I an	n familiar with, and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.	the obligations of registered agent.		•	, , , , , , , , , , , , , , , , , , , ,	with and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.	SIGNATURE Signature, typed or printed name of registered agent an	d title if applicable (NO	TE: Registered Agent signature		
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.		The Happingson (NO	TE. negistered Agent signature required	d when reinstating) DATE	
Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE  NAME STREET ADDRESS CITY-ST-ZIP  MIAMI FL 33144  TITULE  NAME STREET ADDRESS CITY-ST-ZIP  TITULE  TITULE  NAME STREET ADDRESS CITY-ST-ZIP  TITULE  TITULE  NAME STR	After May 1, 2003 Fee will be \$550,00			9. Election Campaign Financing	\$5.00 May Be
DELGADO, FRANCISCO M S8260 W FLAGLER ST 1J MIAMI FL 33144  UP DELGADO, M S8260 W FLAGLER ST 1J MIAMI FL 33144  UTILE MAME SIRET ADDRESS SIRET	Make Check Payable to Florida Department of S	State			
DELGADO, FRANCISCO M 8260 W FLAGLER ST 1J MIAMI FL 33144  VP DELGADO, M 8260 W FLAGLER ST_J MIAMI FL 33144  VP DELGADO, M 8260 W FLAGLER ST_LJ MIAMI FL 33144  DELGADO, M 8260 W FLAGLER ST_LJ MIAMI FL 33144  CITY-ST-ZIP  DELGADO, ROSE STREET ADDRESS CITY-ST-ZIP  MIAMI FL 33144  DELGADO, ROSE STREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS CITY-ST-ZIP  T	10. • OFFICERS AND D	IRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 11
STREET ADDRESS CITY-ST-ZIP MIAMI FL 33144  VP DELGADO, M STREET ADDRESS CITY-ST-ZIP  DELGADO, MSSTREET ADDRESS CITY-ST-ZIP  MIAMI FL 33144  TITLE S DELGADO, ROSE STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  MIAMI FL 33144  TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
MIAMI FL 33144  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  MIAMI FL 33144  CITY-ST-ZIP  MIAMI FL 33144  CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  MIAMI FL 33144  CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  MIAMI FL 33144  CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STR	STREET ADDRESS 8260 W FLAGLER ST 1.1				
TITLE VP DELGADO, M DELGADO, M STREET ADDRESS, CITY-ST-ZIP MAME STREET ADDRESS DELGADO, ROSE STREET ADDRESS CITY-ST-ZIP  TITLE  MAMI FL 33144  DELGADO, ROSE STREET ADDRESS CITY-ST-ZIP  TITLE  MAMI FL 33144  Delete  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  MAME STREET ADDRESS					
DELGADO, M STREET ADDRESS OCTY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			Change Classic
MIAMI FL 33144  CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRE					L_ Change Addition
DELGADO, ROSE STREET ADDRESS CITY-ST-ZIP TITLE MAME THEET ADDRESS CITY-ST-ZIP TITLE MAME THEET ADDRESS CITY-ST-ZIP THE MAME TREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS TREET ADDRESS				للعار واستنجمت بوروح التيهم يادا التصاريا بالأسجاء يكانهك لحت	
DELGADO, ROSE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33144  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TILE NAME STREET ADDRESS		□ Doloto			
CITY-ST-ZIP  WIAMI FL 33144  CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME THEET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS TREET ADDRESS TOWN ST-ZIP  TREET ADDRESS	DELGADO, ROSE	L_1 Delete			☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TREET ADDRESS STREET ADDRESS	STREET ADDRESS 8260 W FLAGLER STREET 1J		STREET ADDRESS		
Addition  AMME STREET ADDRESS CITY-ST-ZIP  ITLE IAME ITREET ADDRESS CITY-ST-ZIP  ITLE IAME ITREET ADDRESS CITY-ST-ZIP  ITLE IAME ITREET ADDRESS ITY-ST-ZIP  ITLE ITTLE I	CITY-ST-ZIP MIAMI FL 33144		CITY-ST-ZIP		
STREET ADDRESS CITY- ST-ZIP  TITLE  IAME IAME IAME IAME ITHEET ADDRESS CITY- ST-ZIP  ITTLE  NAME STREET ADDRESS CITY- ST-ZIP  TITLE  NAME STREET ADDRESS CITY- ST-ZIP  TITLE  NAME STREET ADDRESS CITY- ST-ZIP  TREET ADDRESS STREET ADDRESS		☐ Delete	TITLE		☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP  TITLE  IAME  IAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  AME  TREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TREET ADDRESS STREET ADDRESS			_		•
TITLE Delete TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS CITY-ST-ZIP TREET ADDRESS	!				
NAME STREET ADDRESS CITY-ST-ZIP  ITLE AME TREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	ITLE	□ Delete	<b>-</b>		
STREET ADDRESS CITY-ST-ZIP  TITLE AME TREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS					☐ Unange ☐ Addition
TITLE TADDRESS TREET ADDRESS STREET ADDRESS			STREET ADDRESS		
Addition  TREET ADDRESS  STREET ADDRESS  STREET ADDRESS		<u> </u>	CITY-ST-ZIP		
TREET ADDRESS STREET ADDRESS STREET ADDRESS		☐ Delete			☐ Change ☐ Addition
STREET ADDRESS		•			
			■ SINCELADUMESS I		