


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90045 026 ***150.00

DOCUMENT # P97000101360	
1. Entity Name NEW IMAGE DIAGNOSTIC INC.	

Principal Place of Business 900 WEST 49TH ST. SUITE 308 HIALEAH, FL 33012	Mailing Address 9990 SW 77TH AVE 330 MIAMI, FL 33156 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1642 W 80TH ST Suite, Apt. #, etc.
City & State	City & State HIALEAH, FL
Zip 33014	Country



04152004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0798644	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARGOLIS, JOHN A 9990 SW 77TH AVE STE 330 MIAMI, FL 33456	
7. Name and Address of New Registered Agent Name MARTINEZ, ROBERT Street Address (P.O. Box Number is Not Acceptable) 1642 W 80TH ST City HIALEAH FL Zip Code 33014	

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.

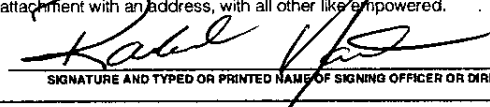
SIGNATURE  DATE **4/15/04**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MARTINEZ, ROBERT 900 W 49TH STREET SUITE 308 HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  DATE **4/15/04** 305-300-7406