

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000018156

FILED  
Apr 23, 2007  
Secretary of State

Entity Name: MEDICAL DIAGNOSTIC IMAGING OF JUPITER, INC.

## Current Principal Place of Business:

875 NORTH MILITARY TRAIL  
STE 101  
JUPITER, FL 33458 US

## New Principal Place of Business:

## Current Mailing Address:

2290 10TH AVENUE NORTH  
LAKE WORTH, FL 33461 US

## New Mailing Address:

FEI Number: 65-0825961

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROYCE, RAYMOND W  
4400 PGA BLVD, STE 800  
PALM BEACH GARDENS, FL 33410 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: HOFFMAN, MICHAEL  
Address: 393 MALLARD POINT  
City-St-Zip: JUPITER, FL 33458

Title: D ( ) Delete  
Name: SARNER, RICHARD A  
Address: 168 COMMODORE DR  
City-St-Zip: JUPITER, FL 33477

Title: D ( ) Delete  
Name: SAUL, NEAL  
Address: 11 RABBITS RUN  
City-St-Zip: PALM BEACH GARDENS, FL 33418

## 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 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.

SIGNATURE: MIKE HOFFMAN

D

04/23/2007

Electronic Signature of Signing Officer or Director

Date