


FILED
Mar 05, 2007 8:00 am
Secretary of State

DOCUMENT # P98000029949					
1. Entity Name ADVANCED IMAGING SERVICES, INC.,					
Principal Place of Business 475 BILTMORE WAY 304 CORAL GABLES, FL 33134 US			Mailing Address 475 BILTMORE WAY 304 CORAL GABLES, FL 33134 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent					
CARVAJAL, GRISEL 475 BILTMORE WAY 304 CORAL GABLES, FL 33134					Name
					Street Address
					City
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5 Ad		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS CARVAJAL, GRISEL 2507 WEST 70TH ST. HIALEAH, FL 33016 <input type="checkbox"/> Delete				11.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY - ST - ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60 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					