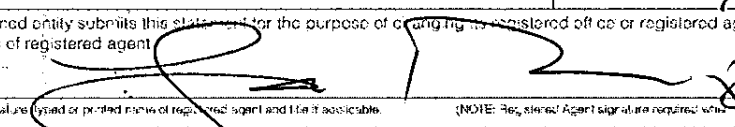
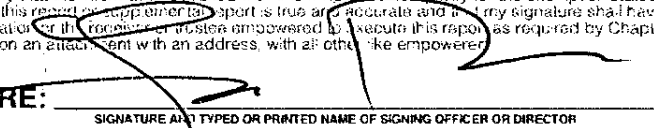


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90114 010 ***150.00

DOCUMENT # P98000055178 1. Entity Name A & L MEDICAL IMAGES, INC.					
Principal Place of Business 9370 SW 72ND ST A-150 MIAMI, FL 33173			Mailing Address 9370 SW 72ND ST A-150 MIAMI, FL 33173		
2. Principal Place of Business 9370 SW 72ST Suite, Apt. #, etc. A150			3. Mailing Address SAME Suite, Apt. #, etc.		
City & State MIAMI FLA			City & State		
Zip 33173			Country USA		
4. FEI Number APPLIED FOR			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SOLOVE, ROBERT A ESQ. 9500 SOUTH DADELAND BLVD. SUITE 450 MIAMI, FL 33156			7. Name and Address of New Registered Agent Name LOUIS TAMAYO Street Address (P.O. Box Number is Not Acceptable) 9370 SW 72 ST A150 City M State FL Zip 33184		
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 7-20-04 Signature (typed or printed name of registered agent and file if applicable) (NOTE: Registered Agent signature required when installing)					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN :		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	RDMS TAMAYO, LOUIS M 14305 SW 96 STREET #603 MIAMI, FL 331861308	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S ESPINET, MICHELLE 14620 SW 49 AVE MIAMI, FL 33175	☒ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information included on this record 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 registered 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 7-20-04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					