

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000088476

FILED  
Jul 08, 2004  
Secretary of State

**Entity Name:** PREMIER HEALTH IMAGING INTERNATIONAL, INC.

**Current Principal Place of Business:**

2300 GLADES ROAD, SUITE 100W  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

2300 GLADES ROAD, SUITE 100W  
BOCA RATON, FL 33431

**New Mailing Address:**

**FEI Number:** 65-0869962

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DONALDSON, JOHN M  
2300 GLADES ROAD, SUITE 100W  
BOCA RATON, FL 33431 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: EVPD ( ) Delete  
Name: DONALDSON, JOHN M  
Address: 20950-2 VIA JASMINE  
City-St-Zip: BOCA RATON, FL 33428

Title: COOD ( ) Delete  
Name: DONALDSON, SHERRI M  
Address: 20950-2 VIA JASMINE  
City-St-Zip: BOCA RATON, FL 33428

Title: CEOD ( ) Delete  
Name: SCHULMAN, STEPHEN A  
Address: 501 S. OCEAN BLVD., #102  
City-St-Zip: BOCA RATON, FL 33431

Title: CFO ( ) Delete  
Name: WISDOM, CYNTHIA F  
Address: 821 NW 66TH AVE  
City-St-Zip: PLANTATION, FL 33317

**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:

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 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 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:** CYNTHIA F. WISDOM

CFO

07/08/2004

Electronic Signature of Signing Officer or Director

Date