

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90154 005 \*\*\*150.00

**DOCUMENT # P98000092640**

1. Entity Name  
**SCIENTIFIC IMAGING CORPORATION**



Principal Place of Business

**5420 W. CYPRESS STREET  
TAMPA, FL 33607**

Mailing Address

**5420 W. CYPRESS STREET  
TAMPA, FL 33607**

**DO NOT WRITE IN THIS SPACE**



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number

**59-3540015**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CANNELLA, NORMAN S  
109 NORTH BRUSH STREET  
STE 500  
TAMPA, FL 33601**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DST
NAME	UNDORF, ROBERT SR
STREET ADDRESS	5420 W. CYPRESS STREET
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	ST
NAME	Undorf, Robert W. Jr
STREET ADDRESS	5420 W. Cypress Street
CITY-ST-ZIP	Tampa, FL 33607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

*R. W. Undorf*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*18 APR 06*  
Date

*813 490 4636*  
Daytime Phone #