

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P98000098445

**FILED
Sep 21, 2006
Secretary of State**

Entity Name: MILLENNIUM DIAGNOSTIC IMAGING CENTER, INC.

Current Principal Place of Business:

434 SW 12 AVENUE
SUITE #100
MIAMI, FL 33130

New Principal Place of Business:

Current Mailing Address:

434 SW 12 AVENUE
SUITE #100
MIAMI, FL 33130

New Mailing Address:

FEI Number: 65-0905210 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GARCIA, JOSE A
434 SW 12 AVENUE
SUITE #100
MIAMI, FL 33135 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

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: GARCIA, JOSE
Address: 434 S.W. 12TH AVENUE , #100
City-St-Zip: MIAMI, FL 33130

Title: DP () Delete
Name: AGUILAR, ELBA
Address: 434 SW 12 AVE, # 100
City-St-Zip: MIAMI, FL 33130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: GARCIA, JOSE
Address: 434 S.W. 12TH AVENUE , #100
City-St-Zip: MIAMI, FL 33130

Title: DS (X) Change () Addition
Name: AGUILAR, ELBA
Address: 434 SW 12 AVE, # 100
City-St-Zip: MIAMI, FL 33130

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: JOSE A. GARCIA

PRES

09/21/2006

Electronic Signature of Signing Officer or Director

_____ Date