


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90026 050 ***150.00

DOCUMENT # P99000007801
 1. Entity Name
DIAGNOSTIC IMAGE OF AMERICA, INC.



Principal Place of Business
**8000 W. FLAGLER ST.
 SUITE 201
 MIAMI, FL 33144**

Mailing Address
**8000 W. FLAGLER ST.
 SUITE 101
 MIAMI, FL 33144**

2. Principal Place of Business - No P.O. Box #
8000 W. Flagler St

3. Mailing Address
 Suite, Apt. #, etc.
101

City & State
Miami, FL

Zip
33144 Country
USA

6. Name and Address of Current Registered Agent

**ALMEIDA, YVETTE
 8000 W FLAGLER ST.
 SUITE 101
 MIAMI, FL 33144**

01072008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0978841 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 *Yvette Almeida* DATE **1/8/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALMEIDA, YVETTE <input type="checkbox"/> Delete 8000 W. FLAGLER ST., STE 101 MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Yvette Almeida* DATE: **1/8/08** DAYTIME PHONE #: **305 266 1818**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #