2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 11, 2005
Secretary of State

DOCUMENT# P99000036500

Entity Name: HENDRY DIAGNOSTIC IMAGING CENTER, INC.

Current Principal Place of Business:

6981 LAKE DEVONWOOD DRIVE
FORT MYERS, FL 33908

New Principal Place of Business:

1008 WEST SAGAMORE AVE
CLEWISTON, FL 33440

Current Mailing Address:

6981 LAKE DEVONWOOD DRIVE
FORT MYERS, FL 33908

New Mailing Address:

3011 S.W. 10TH AVE
CAPE CORAL, FL 33914

FEI Number: 65-0916106 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREEN, BRUCE D
1520 ROYAL PALM SQUARE BLVD.
SUITE 320
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

BASILE, VICTOR C
3011 S.W. 10TH AVE
CAPE CORAL, FL 33914 US

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: VICTOR BASILE 09/11/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KAGAN, JOHN C
Address: 6981 LAKE DEVONWOOD DRIVE
City-St-Zip: FORT MYERS, FL 33908

Title: D (X) Delete
Name: KAGAN, ELIZABETH P
Address: 6981 LAKE DEVINWOOD DRVIE
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BASILE, VICTOR C
Address: 3011 S.W. 10TH AVE
City-St-Zip: CAPE CORAL, FL 33914

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: VICTOR BASILE PD 09/11/2005
Electronic Signature of Signing Officer or Director Date