2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005
Secretary of State

DOCUMENT# P99000091518

Entity Name: DANTES MEDICAL IMAGING, INC.

Current Principal Place of Business:

4360 WALNUT BEND
JACKSONVILLE, FL 32257

New Principal Place of Business:

5039 SUNBEAM RD.
JACKSONVILLE, FL 32257

Current Mailing Address:

4360 WALNUT BEND
JACKSONVILLE, FL 32257

New Mailing Address:

5039 SUNBEAM RD.
JACKSONVILLE, FL 32257

FEI Number: 59-3603379 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DANTES, DAN D
4360 WALNUT BEND
JACKSONVILLE, FL 32257 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: PST ( ) Delete
Name: DANTES, DAN D
Address: 4360 WALNUT BEND
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition
Name: DANTES, DAN D
Address: 5039 SUNBEAM RD.
City-St-Zip: JACKSONVILLE, FL 32257

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: DAN D. DANTES PST 03/15/2005
Electronic Signature of Signing Officer or Director Date