

**2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# S06224

**FILED**  
**Oct 24, 2006**  
**Secretary of State****Entity Name:** BON-BONE MEDICAL IMAGING INCORPORATED**Current Principal Place of Business:**1495 FOREST HILL BLVD.  
SUITE C  
WEST PALM BEACH, FL 33406 US**New Principal Place of Business:**8261 SW 142 ST  
MIAMI, FL 33158 US**Current Mailing Address:**1495 FOREST HILL BLVD.  
SUITE C  
WEST PALM BEACH, FL 33406 US**New Mailing Address:**8261 SW 142 ST  
MIAMI, FL 33158 US**FEI Number:** 65-0224881**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**LABROZZI, GARY F  
8261 SW 142 STREET  
MIAMI, FL 33158 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: D ( ) Delete  
Name: DREIFUSS, TAMAR RENE, E  
Address: 15465 TAKE OFF PLACE  
City-St-Zip: W. PALM BEACH, FL

Title: D ( ) Delete  
Name: HAIMBERG, JOSEPH,  
Address: 15465 TAKE OFF PLACE  
City-St-Zip: W. PALM BEACH, FL

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: EDMUND SANTIAGO,  
Address: 8261 SW 142 ST  
City-St-Zip: MIAMI, FL 33158

Title: D (X) Change ( ) Addition  
Name: DARNIE LABROZZI,  
Address: 8261 SW 142 ST  
City-St-Zip: MIAMI, FL 33158

Title: D ( ) Change (X) Addition  
Name: JUNE CHEN,  
Address: 8261 SW 142 ST  
City-St-Zip: MIAMI, FL 33158

Title: CEO ( ) Change (X) Addition  
Name: GARY F. LABROZZI,  
Address: 8261 SW 142 ST  
City-St-Zip: MIAMI, FL 33158

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: GARY F LABROZZI

CEO

10/24/2006

Electronic Signature of Signing Officer or Director

Date