

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S76975

FILED
Feb 07, 2005
Secretary of State

Entity Name: BISCAYNE MEDICAL IMAGING MANAGEMENT, INC.

Current Principal Place of Business:

21110 BISCAYNE BLVD
AVENTURA, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

21110 BISCAYNE BLVD
AVENTURA, FL 33180 US

New Mailing Address:

FEI Number: 11-3084019

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, ROBERT
3000 HOLIDAY DR
#301
FORT LAUDERDALE, FL 333160000 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: DP () Delete
Name: MILLER, ROBERT J
Address: 132 DEERPATH RD
City-St-Zip: ROSLYN HEIGHTS, NY 11577

Title: DVPS () Delete
Name: QUIGLEY, ROBERT J
Address: 10 ABBOT RD
City-St-Zip: SMITHTOWN, NY 11787

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT J. MILLER

DP

02/07/2005

Electronic Signature of Signing Officer or Director

Date