

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION ANNUAL REPORT 1995 4.28.95

FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED AND FILED

DOCUMENT # F47057 (7)

1. Corporation Name  
**INSIGHT MEDICAL IMAGING, INC.**

95 APR 28 PM 6:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business: 2006 ELYSIUM WAY CLEARWATER FL 34619

Mailing Address: 2006 ELYSIUM WAY CLEARWATER FL 34619

DO NOT WRITE IN THIS SPACE.

|                                |  |                     |  |   |                                |
|--------------------------------|--|---------------------|--|---|--------------------------------|
| 2. Principal Place of Business |  | 28. Mailing Address |  | 3. Date Incorporated or Qualified   | 3a. Date of Last Report        |
| 21. 2025 Indian Rocks Ave      |  | 26. P.O. BOX 756    |  | 10/02/1981  | 04/15/1994                     |
| 22. Largo, Florida             |  | 27. Largo, Florida  |  | 4. FEI Number   | Applied For                    |
| 23. City & State               |  | 28. City & State    |  | 59-2129932  | Not Applicable                 |
| 24. Zip 34619                  |  | 29. 34619-0756      |  | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required |
| 25. Country USA                |  | 30. USA             |  | 6. Election Campaign Financing Trust Fund Contribution                                  | \$5.00 May Be Added to Fees    |
| 26. Country USA                |  | 31. USA             |  | 8. This corporation has liability for intangible tax under s. 19a.032, Florida Statutes |                                |
| 27. Country USA                |  | 32. USA             |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                     |                                |

9. Name and Address of Current Registered Agent

ZSCHAU, JULIUS J.  
28050 U.S. HWY 10 N., SUITE 501  
CLEARWATER FL 34621

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)  
911 CHESTNUT CHESTNUT

83. City

84. Clearwater FL 85. Zip Code 34616

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                   |  |
|----------------------------|---|---|--|
| TITLE: PD                  | TAYLOR, J ERIC JR<br>2985 ELYSIUM WAY<br>CLEARWATER FL    | 1. TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE: STD                 | TAYLOR, SUSAN BELLOC<br>2985 ELYSIUM WAY<br>BELLEAIR FL   | 13. STREET ADDRESS: 18 Fern brooke Drive  |  |
| TITLE: VD                  | TAYLOR, GEORGE, ERIC<br>2985 ELYSIUM WAY<br>CLEARWATER FL | 14. CITY - ST - ZIP: SAFETY HARBOR, FL 34695  |  |
| TITLE:                     |   | 21. TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE:                     |   | 22. NAME:   |  |
| TITLE:                     |   | 23. STREET ADDRESS: 18 Fern brooke Drive  |  |
| TITLE:                     |   | 24. CITY - ST - ZIP: SAFETY HARBOR, FL 34695  |  |
| TITLE:                     |   | 31. TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE:                     |   | 32. NAME:   |  |
| TITLE:                     |   | 33. STREET ADDRESS: 18 Fern brooke Drive  |  |
| TITLE:                     |   | 34. CITY - ST - ZIP: SAFETY HARBOR, FL 34695  |  |
| TITLE:                     |   | 41. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| TITLE:                     |   | 42. NAME:   |  |
| TITLE:                     |   | 43. STREET ADDRESS:   |  |
| TITLE:                     |   | 44. CITY - ST - ZIP:  |  |
| TITLE:                     |   | 51. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| TITLE:                     |   | 52. NAME:   |  |
| TITLE:                     |   | 53. STREET ADDRESS:   |  |
| TITLE:                     |   | 54. CITY - ST - ZIP:  |  |
| TITLE:                     |   | 61. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| TITLE:                     |   | 62. NAME:   |  |
| TITLE:                     |   | 63. STREET ADDRESS:   |  |
| TITLE:                     |   | 64. CITY - ST - ZIP:  |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an addition.

SIGNATURE: J. Eric Taylor, Jr. President  
J. Eric TAYLOR, JR., President 913-591-9474