

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90057 001 ***150.00

DOCUMENT # F96000000820

1. Entity Name

AMERICAN IMAGING MANAGEMENT, INC.

Principal Place of Business

Mailing Address

40 SKOKIE BLVD., STE. 500
 NORTHBROOK IL 60062

40 SKOKIE BLVD. STE. 500
 NORTHBROOK IL 60062-1618

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-3692630

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CP** Delete
 NAME **GERATY, RONALD D**
 STREET ADDRESS **295 OCEAN AVE**
 CITY-ST-ZIP **MARBLEHEAD MA 01945**

TITLE **D** Change Addition
 NAME **Benjamin Edmunds**
 STREET ADDRESS **380 Madison Avenue, 12th Floor**
 CITY-ST-ZIP **New York, NY 10017**

TITLE **D** Delete
 NAME **CASTLEMAN, PETER**
 STREET ADDRESS **237 GREENLEY ROAD**
 CITY-ST-ZIP **NEW CANAAN CT 06840**

TITLE **T** Change Addition
 NAME **Thomas Santoro**
 STREET ADDRESS **14590 Sommerset Circle**
 CITY-ST-ZIP **Green Oaks, IL 60048**

TITLE **D** Delete
 NAME **JEFFREY R JAY, M.D.**
 STREET ADDRESS **39 ROCK RIDGE AVE**
 CITY-ST-ZIP **GREENWICH CT 06831**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **BLUTT, MITCHELL MD**
 STREET ADDRESS **57 E 90TH ST**
 CITY-ST-ZIP **NEW YORK NY 10128**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **JONAS L STEINMAN**
 STREET ADDRESS **1520 YORK AVE #23-B**
 CITY-ST-ZIP **NEW YORK NY 10028**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **ARMATAS, NANCY A**
 STREET ADDRESS **440 N WABASH AVE #705**
 CITY-ST-ZIP **CHICAGO IL 60611**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy A. Armatas
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/00 847-559-6814
 Date Daytime Phone #