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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # K99518 (8)

**1. Corporation Name
TOC IMAGING, INC.**

**Principal Place of Business
% ROBERT A. PIERCE
227 SOUTH CALHOUN STREET
TALLAHASSEE FL 32301**

**Mailing Address
% ROBERT A. PIERCE
227 SOUTH CALHOUN STREET
TALLAHASSEE FL 32301**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/03/1989 **3a. Date of Last Report 06/16/1994**

4. FEI Number 59-2068417 **Applied For Not Applicable**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	County	Zip	County
24	25	29	30

9. Name and Address of Current Registered Agent

**LEHMAN, LARRY W.
3334 CAPITAL MEDICAL BLVD
SUITE 400
TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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

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

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

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, W.D., JR.	1.2 NAME	
STREET ADDRESS	3333 CAPITAL OAKS DRIVE	1.3 STREET ADDRESS	3334 Capital Medical Blvd, Suite 400
CITY - ST - ZIP	TALLAHASSEE FL	1.4 CITY - ST - ZIP	
TITLE	DV	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANEY, TOM C.	2.2 NAME	
STREET ADDRESS	3333 CAPITAL OAKS DRIVE	2.3 STREET ADDRESS	3334 Capital Medical Blvd, Suite 400
CITY - ST - ZIP	TALLAHASSEE FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINGO, CHARLES H.	3.2 NAME	
STREET ADDRESS	3333 CAPITAL OAKS DRIVE	3.3 STREET ADDRESS	3334 Capital Medical Blvd, Suite 400
CITY - ST - ZIP	TALLAHASSEE FL	3.4 CITY - ST - ZIP	
TITLE	DS	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMIDT, TIM T.	4.2 NAME	
STREET ADDRESS	3333 CAPITAL OAKS DRIVE	4.3 STREET ADDRESS	3334 Capital Medical Blvd, Suite 400
CITY - ST - ZIP	TALLAHASSEE FL	4.4 CITY - ST - ZIP	
TITLE	DT	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORNBERRY, ROBERT L.	5.2 NAME	
STREET ADDRESS	3333 CAPITAL OAKS DRIVE	5.3 STREET ADDRESS	3334 Capital Medical Blvd, Suite 400
CITY - ST - ZIP	TALLAHASSEE FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 110.07(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 address.

SIGNATURE: *Tom C. Haney*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature 11 lines #