

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

APPROVED AND FILED

95 FEB -2 AM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K99518 (8)**
1. Corporation Name
TOC IMAGING, INC.



Principal Place of Business		Mailing Address	
% THOMAS W. LAGER, ESO. 354 OFFICE PLAZA TALLAHASSEE FL 32301		% THOMAS W. LAGER, ESO. 354 OFFICE PLAZA TALLAHASSEE FL 32301	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	07/03/1989	04/24/1995
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	59-2968417	Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	30	<input type="checkbox"/>	\$5.00 May Be Added to Fees
		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	XX Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent											
LEHMAN, LARRY W. 3334 CAPITAL MEDICAL BLVD SUITE 400 TALLAHASSEE FL 32308		<table border="1"> <tr> <td>81 Name</td> <td>Lager, Thomas W.</td> </tr> <tr> <td>82 Street Address (P.O. Box Number is Not Acceptable)</td> <td>354 Office Plaza</td> </tr> <tr> <td>83</td> <td></td> </tr> <tr> <td>84 City</td> <td>Tallahassee</td> </tr> <tr> <td>85 Zip Code</td> <td>FL 32301</td> </tr> </table>		81 Name	Lager, Thomas W.	82 Street Address (P.O. Box Number is Not Acceptable)	354 Office Plaza	83		84 City	Tallahassee	85 Zip Code	FL 32301
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82 Street Address (P.O. Box Number is Not Acceptable)	354 Office Plaza												
83													
84 City	Tallahassee												
85 Zip Code	FL 32301												

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: *Thomas W. Lager* Thomas W. Lager DATE: 02/01/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENDERSON, W.D., JR.	1.2 NAME	Dewey, Donald M.
STREET ADDRESS	3334 CAPITAL MEDICAL BLVD., STE. 400	1.3 STREET ADDRESS	3334 Capital Medical Blvd., Ste. 400
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANEY, TOM C.	2.2 NAME	
STREET ADDRESS	3334 CAPITAL MEDICAL BLVD., STE. 400	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINGO, CHARLES H.	3.2 NAME	
STREET ADDRESS	3334 CAPITAL MEDICAL BLVD., STE. 400	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	
TITLE	DS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMIDT, TIM T.	4.2 NAME	
STREET ADDRESS	3334 CAPITAL MEDICAL BLVD., STE. 400	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORNBERRY, ROBERT L.	5.2 NAME	700001728607
STREET ADDRESS	3334 CAPITAL MEDICAL BLVD., STE. 400	5.3 STREET ADDRESS	-02/29/96--01100--019
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	***200.00
TITLE	<input type="checkbox"/> DELETE	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 was 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 its registered 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 amendment with an address.

SIGNATURE: *Charles H. Wingo* Charles H. Wingo DATE: 02/01/96

CRE034 (12/95)