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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000033453 (8)**

1. Corporation Name
STAGE 22 IMAGING, INC.

Principal Place of Business	Mailing Address
1630 AUGUSTA WAY CASSELBERRY FL 32707	1630 AUGUSTA WAY CASSELBERRY FL 32707

3. Date Incorporated or Qualified: 04/28/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 2721 Forsyth Rd	26 2721 Forsyth Rd
Suite, Apt. #, etc. 22 Suite 101	Suite, Apt. #, etc. 27 Suite 101
City & State 23 ~~[illegible]~~ Winter Park, FL	City & State 28 Winter Park, Florida
Zip 24 32792 Country 25 USA	Zip 29 32792 Country 30 USA

4. FEI Number: 59-3311279 — ☐ 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

9. Name and Address of Current Registered Agent

~~MOSELER, RANDI~~
~~1630 AUGUSTA WAY~~
~~CASSELBERRY FL 32707~~

10. Name and Address of New Registered Agent

81 Name: B&C Corporate Services of Central Florida, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 390 N. Orange Avenue, Suite 1100
83
84 City: Orlando FL 85 Zip Code: 38201

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: C. Burton Smoke Vice President — April 1, 1996
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOSELER, JOHN-ERIK 1201 CONSTANTINE STREET ORLANDO FL 32825	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P/T	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GILBERT, MICHAEL T 1273 KIRKMAN ROAD #2169 ORLANDO FL 32811	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HURREY, RICHARD R 641 LAUREL LAKE COURT #609 ORLANDO FL 32825	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VP/S HURREY RICHARD R 641 LAUREL LAKE COURT #206 ORLANDO FL 32825	☒ Change ☐ Addition NOTE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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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 address.

SIGNATURE: Michael John Gilbert — 3-29-96 — 407-673-2250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #