SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

FILED
Aug 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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
2721 FORSYTH ROAD SUITE 101 WINTER PARK FL 32792	2721 FORSYTH ROAD SUITE 101 WINTER PARK FL 32792

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/28/1995
3a. Date of Last Report: 04/04/1996
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

B&C CORP. SVCS OF CF,
390 NORTH ORANGE AVENUE
SUITE 1100
ORLANDO FL 38201

10. Name and Address of New Registered Agent

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	MOSELER, JOHN-ERIK		1.2 NAME		
STREET ADDRESS	1201 CONSTANTINE STREET		1.3 STREET ADDRESS	3259 Bellingham Dr.	
CITY-ST-ZIP	ORLANDO FL 32825		1.4 CITY-ST-ZIP	Orlando, FL. 32825	
TITLE	VP	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	GILBERT, MICHAEL T		2.2 NAME		
STREET ADDRESS	1273 KIRKMAN ROAD #2169		2.3 STREET ADDRESS	6148 Westgate Dr. Apt. 303	
CITY-ST-ZIP	ORLANDO FL 32811		2.4 CITY-ST-ZIP	Orlando, FL 32835	
TITLE	VPS	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	HURREY, RICHARD R		3.2 NAME		
STREET ADDRESS	641 LAUREL LAKE COURT #206		3.3 STREET ADDRESS	4700 Fratz Ct. Apt. #7	
CITY-ST-ZIP	ORLANDO FL 32825		3.4 CITY-ST-ZIP	Winter Park, FL 32792	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (4/97)

14. I do 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 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: _____ 8/16/97 (407) 673-2250