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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **S53427** **(8)**

1. Corporation Name
MEDVIEW SERVICES, INCORPORATED

Principal Place of Business	Mailing Address
5111 ROGERS AVENUE SUITE 40-A FORT SMITH AR 72919-0155	5111 ROGERS AVENUE SUITE 40-A FORT SMITH AR 72919-9001

3. Date Incorporated or Qualified: 05/17/1991
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 5251 VIEWRIDGE COURT
Suite, Apt. #, etc. 22
City & State 23 SAN DIEGO, CA
Zip 24 92123 Country 25 U.S.A.

2a. Mailing Address
26 5251 VIEWRIDGE COURT
Suite, Apt. #, etc. 27
City & State 28 SAN DIEGO, CA
Zip 29 92123 Country 30

4. FEI Number: 59-3090223 ☐ 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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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	DP	☒ DELETE	1.1 TITLE	DP	☐ Change ☐ Addition
NAME	MATHIES, WILLIAM A.		1.2 NAME	JAMES E. BUNCHER	
STREET ADDRESS	5111 ROGERS AVENUE SUITE 40-A		1.3 STREET ADDRESS	5251 VIEWRIDGE COURT	
CITY-ST-ZIP	FORT SMITH AR 72919-0155		1.4 CITY-ST-ZIP	SAN DIEGO, CA 92123	
TITLE	DEV	☒ DELETE	2.1 TITLE	D	☐ Change ☐ Addition
NAME	STEPHENS, BOBBY W		2.2 NAME	ROBERT E. PATRICELLI	
STREET ADDRESS	5111 ROGERS AVENUE SUITE 40-A		2.3 STREET ADDRESS	22 WATERVILLE ROAD	
CITY-ST-ZIP	FORT SMITH AR 72919-0155		2.4 CITY-ST-ZIP	AVON, CT 06001	
TITLE	DVS	☒ DELETE	3.1 TITLE	D	☐ Change ☐ Addition
NAME	POMMERVILLE, ROBERT W.		3.2 NAME	WILLIAM GOSS	
STREET ADDRESS	5111 ROGERS AVENUE SUITE 40-A		3.3 STREET ADDRESS	22 WATERVILLE ROAD	
CITY-ST-ZIP	FORT SMITH AR 72919-0155		3.4 CITY-ST-ZIP	AVON, CT 06001	
TITLE	DC	☒ DELETE	4.1 TITLE	S	☐ Change ☐ Addition
NAME	BANKS, DAVID R.		4.2 NAME	NANCY B. PLAKICO	
STREET ADDRESS	5111 ROGERS AVENUE SUITE 40-A		4.3 STREET ADDRESS	5251 VIEWRIDGE COURT	
CITY-ST-ZIP	FORT SMITH AR 72919-0155		4.4 CITY-ST-ZIP	SAN DIEGO, CA 92123	
TITLE	DVC	☒ DELETE	5.1 TITLE	T	☐ Change ☐ Addition
NAME	HENDRICKSON, BOYD W.		5.2 NAME	BLAINE FAULKNER	
STREET ADDRESS	5111 ROGERS AVENUE SUITE 40-A		5.3 STREET ADDRESS	5251 VIEWRIDGE COURT	
CITY-ST-ZIP	FORT SMITH AR 72919-0155		5.4 CITY-ST-ZIP	SAN DIEGO CA 92123	
TITLE	VPAS	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MACKENZIE, JOHN W		6.2 NAME		
STREET ADDRESS	5111 ROGERS AVENUE SUITE 40-A		6.3 STREET ADDRESS		
CITY-ST-ZIP	FORT SMITH AR 72919-0155		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: B Faulkner SIGNATURE REQUIRED Blaine Faulkner 4/29/97 (619) 279-2273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #