

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P95000086698 (4)**
1. Corporation Name

QUESTAR IMAGING MB, INC.

FILED
Sep 09 1998 8:00am
Secretary of State



Principal Place of Business
**15436 N. FLORIDA AVENUE
SUITE 107
TAMPA FL 33613**

Mailing Address
**15436 N. FLORIDA AVENUE
SUITE 107
TAMPA FL 33613**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **15438 N. FLORIDA AVE.**
Suite, Apt. #, etc.
22 **SUITE 200**
City & State
23 **TAMPA, FL**
Zip Country
24 **33613** 25 **U.S.**

2a. Mailing Address
26 **15438 N. FLORIDA AVE.**
Suite, Apt. #, etc.
27 **SUITE 200**
City & State
28 **TAMPA, FL**
Zip Country
29 **33613** 30 **U.S.**

3. Date Incorporated or Qualified
11/13/1995

4. FEI Number
65-0634817

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

9. Name and Address of Current Registered Agent

**PAUL M. STANLEY
15436 N. FLORIDA AVE SUITE 107
TAMPA FL 33613**

10. Name and Address of New Registered Agent

81 Name
PAUL M. STANLEY

82 Street Address (P.O. Box Number is Not Acceptable)
15438 N. FLORIDA AVE.

83 **SUITE 200**

84 City **TAMPA** 85 Zip Code **FL 33613**

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 reinstating)

DATE

8/25/98

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	STANLEY, PAUL M	
STREET ADDRESS	15436 N. FLORIDA AVE., SUITE 107	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NEWKIRK, THOMAS R	
STREET ADDRESS	100 S. ASHLEY DRIVE, SUITE 1650	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	STANLEY, PAUL M
1.3 STREET ADDRESS	15438 N. FLORIDA AVE., SUITE 200
1.4 CITY-ST-ZIP	TAMPA, FL 33613
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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:

SIGNATURE REQUIRED

8/25/98

CR2E034 (5/98)