

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90102 021 ***150.00

DOCUMENT # F01000003612

1. Entity Name
CLINICAL IMAGE MANAGEMENT SYSTEMS, INC.



Principal Place of Business
**211 SUNNYSIDE
SAN ANTONIO TX 78258**

Mailing Address
**211 SUNNYSIDE
SAN ANTONIO TX 78258**



2. Principal Place of Business
13300 Old Blanco Rd.
Suite, Apt. #, etc.

3. Mailing Address
13300 Old Blanco Rd.
Suite, Apt. #, etc.

Suite 180

Suite 180

City & State

City & State

San Antonio, TX 78216

San Antonio, TX 78216

Zip

Country

Zip

Country

78216

USA

78216

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **74-2991069**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HINTON, PEGGY
1465 GRAYSTONE
PENSACOLA FL 32514**

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Peggy Hinton*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-14-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CP** ☐ Delete
NAME **COX, NEIL B**
STREET ADDRESS **1702 ALPINE CIRCLE**
CITY-ST-ZIP **SAN ANTONIO TX 78248**

TITLE ☐ Change ☐ Addition
NAME **Cox, Neil B.**
STREET ADDRESS **20719 Wind Springs**
CITY-ST-ZIP **San Antonio, TX 78258** ☒ Change ☐ Addition

TITLE **V** ☐ Delete
NAME **COX, CAROL Y**
STREET ADDRESS **1702 ALPINE CIRCLE**
CITY-ST-ZIP **SAN ANTONIO TX 78248**

TITLE ☐ Change ☐ Addition
NAME **Cox, Carol Y.**
STREET ADDRESS **20719 Wind Springs**
CITY-ST-ZIP **San Antonio, TX 78258** ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Carla Cox* **RECORDED. Cox, CFO**

2/14/03 (210) 479-7300

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)