

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F92000000078 (7)

1. Corporation Name

EXECUTIVE MEDICAL ENTERPRISES I, INC.



Principal Place of Business

431 OHIO PIKE. STE. 312  
CINCINNATI OH 45255  
US

Mailing Address

431 OHIO PIKE. STE. 312  
CINCINNATI OH 45255  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/03/1992

3a. Date of Last Report

01/18/1995

4. FEI Number

22-2841871

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

TORRES, JUAN  
C/O DIAGNOSTIC MEDICAL IMAGING SERVICES  
7315 SW 87TH AVENUE  
MIAMI FL 33173

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

Signature of new or proposed agent or registered agent and fee (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME  
FAZIO, JOSEPH  
STREET ADDRESS  
829 SPAR DRIVE  
CITY-STATE-ZIP  
FORKED RIVER NJ 08731

2. TITLE ☐ DELETE

NAME  
LAMMERT, ROBERT  
STREET ADDRESS  
1620 ROBINWAY DR.  
CITY-STATE-ZIP  
CINCINNATI OH 45230

3. TITLE ☐ DELETE

NAME  
FACELLA, JOYCE  
STREET ADDRESS  
95 ROOSEVELT AVE.  
CITY-STATE-ZIP  
LODI NJ 07402

4. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

5. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6. TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

000001744000

-03/15/96--01016--035

\*\*\*200.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/96

513-528-7300

CR2E034 (12/95)