

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F94000004030 (2)

1. Corporation Name

PRESGAR MEDICAL IMAGING, INC.



Principal Place of Business

5214 MARYLAND WAY  
BRENTWOOD TN 37027

Mailing Address

5214 MARYLAND WAY  
BRENTWOOD TN 37027

3. Date Incorporated or Qualified  
08/03/1994

3a. Date of Last Report  
03/17/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.  
05

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.  
405

27 City & State

28 Zip

Country

4. FEI Number  
62-1544471

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 CORP. SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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

Signature, typed or printed name of registered agent and title (Block 12)

Signature, typed or printed name of registered agent and title (Block 13)

DATE

12. OFFICERS AND DIRECTORS

TITLE PC ☐ DELETE  
NAME WRIGHT, GARY W  
STREET ADDRESS 606 DEBUEL ROAD  
CITY-ST-ZIP LUTZ FL 33549

TITLE VCT ☐ DELETE  
NAME RICE, CHRISTIAN C JR  
STREET ADDRESS 9103 HERITAGE DRIVE  
CITY-ST-ZIP BRENTWOOD TN 37027

TITLE SD ☐ DELETE  
NAME COCHRAN, T K  
STREET ADDRESS 9195 FOX RUN DRIVE  
CITY-ST-ZIP BRENTWOOD TN 37027

TITLE D ☐ DELETE  
NAME DAVIS, F D  
STREET ADDRESS 306 ELDAD ROAD  
CITY-ST-ZIP FAYETTEVILLE TN 37334

TITLE D ☐ DELETE  
NAME OCHS, KEITH  
STREET ADDRESS 4922 LONDONDERRY DRIVE  
CITY-ST-ZIP TAMPA FL 33647

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary Wright

3/4/97

813-977-8756

CR2E034 (12/95)