FILE NOW: FILINGFEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

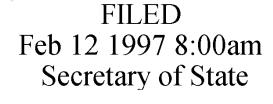


FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997



PRESGA	MENT # F94000 AR MEDICAL IMAGING, INC.	` '				
15310 AMBERL		15310 AMBERLY DR				
#315		#315		1		
TAMPA FL 33647 US		TAMPA FL 33647-2146 US		3. Date Incorporated or Qualified	3a. Date of Last	Report
		•		08/03/1994	03/07/1996	
	Place of Business	2a. Mailing Address		4. FEI Number		Applied For
21		26		62-1544471		Not Applicable
Suite, Apt 22	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional Required
City & Stat	te	City & State		6. Election Campaign Financing		O May Be
23		28		Trust Fund Contribution		d to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i		s. 199.032,
24	25 9. Name and Address of Currer	29	[30]	Florida Statutes 10. Name and Address of New Reg	Yes No	······································
A- :	CORP. SYSTEM	it nogisteret Agent	81 Name	LY, TRAING BILG AGUISES UI NOW 119	Pieralan Wânur	
	O SOUTH PINE ISLAND ROAD NTATION FL 33324		82 Street Add 83 84 City	Iress (P.O. Box Number is Not Acceptab	lot l 7i	n Code
			84 City		FL 85 Zi	p Code
11. Pursuant office or agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig	2 and 607,1508, Florida State of Florida Such change was ations of, Section 607,0505, F	utes, the above-named cors authorized by the corpora florida Statutes.	poration submits this statement for the p ution's board of directors. I hereby accep	ourpose of changing of the appointment is	its registered as registered
SIGNATURE.	Signature, typed or printed name of registered age	int and life if applicable (NC	DTE. Registered Agent signature requ	Fred when reinstating)	DAYE	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFIC		
TILE	PC WRIGHT, GARY W	☐ DELETE	1.1 TITLE		[] Change	a [] Addition
NAME STREET ADDRESS	606 DEBUEL ROAD		1.2 NAME 1.3 Street Address			
CITY - \$1 - ZIP	LUTZ FL 33549		1.3 STREET AUDRESS			
TILLE	VCT	☐ DELETE	2.1 TITLE		☐ Change	e Addition
NAME	RICE, CHRISTIAN C JR		2.2 NAME	1.4		
STREET ADDRESS			2.3 STREET ADDRESS			
CITY - S1 - ZIP	BRENTWOOD TN 37027		2 4 City-St-ZIP		···	——————————————————————————————————————
TITLE	SD COCHDAN TV	[] DELETE	3.1 TITLE		L. Changi	e L. Addition
NAME OVERTADDRESS	COCHRAN, T K 9195 FOX RUN DRIVE		3.2 NAME			
STREET ADDRESS City-St-Zip	BRENTWOOD TN 37027		3.3 STREET ADDRESS			
TOTALE	D D D D D D D D D D D D D D D D D D D	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change	e Addition
NAME	DAVIS, F D	Pad	4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
City+St-2iP	FAYETTEVILLE TN 37334		4.4 CITY-ST-ZIP			
TITLE	D	DELETE	5.1 TITLE		Change	e 🔲 Addition
NAME	ochs, Keith		52 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
C(TY-51-7)F	TAMPA FL 33647		5.4 City-St-Zip			
THILE		☐ DELETE	6.1 TITLE		☐ Change	e 🔲 Addition
NAME			6.2 NAME			
STREET ADDRESS	1		6.3 CIDEEL VUIDECC			

14. I do hereby centry 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 trustee employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607, on an attachment with appearing the statutes.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

813-977-8756

0368464