FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # F94000004888 (3)

1. Corporation Name
RAYTEL IMAGING MID-ATLANTIC, INC.

Principal Place of Business	Mailing Address
SUITE 200 2755 CAMPUS DRIVE SAN MATEO CA 94403	SUITE 200 2755 CAMPUS DRIVE SAN MATEO CA 94403

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/21/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 7 WATERSIDE CROSSING	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 WINDSOR, CT	City & State 28
Zip / Country 24 06095 / 25	Zip / Country 29 / 30

4. FEI Number: APPLIED FOR 06-1406446 ☐ 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	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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: _____ DATE
Signature, typed or printed name of registered agent and the date as applicable (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEOD		11 TITLE	D	☒ Change ☐ Addition
NAME	BADER, RICHARD F		12 NAME		
STREET ADDRESS	2755 CAMPUS DRIVE, SUITE 200		13 STREET ADDRESS		
CITY-ST-ZIP	SAN MATEO CA 94403		14 CITY-ST-ZIP		
TITLE	PD		21 TITLE	D	☒ Change ☐ Addition
NAME	ZINBERG, ALLAN		22 NAME		
STREET ADDRESS	7 WATERSIDE CROSSING		23 STREET ADDRESS		
CITY-ST-ZIP	WINDSOR CT 06095		24 CITY-ST-ZIP		
TITLE	CFOS		31 TITLE	CFOSD	☒ Change ☐ Addition
NAME	SMITH, E P JR		32 NAME		
STREET ADDRESS	2755 CAMPUS DRIVE, SUITE 200		33 STREET ADDRESS		
CITY-ST-ZIP	SAN MATEO CA 94403		34 CITY-ST-ZIP		
TITLE	D		41 TITLE	P	☐ Change ☒ Addition
NAME	CLEIN, MARK	DELETE	42 NAME	SWAPAN SEN	
STREET ADDRESS	ONE LIBERTY PLZ, 165 BROADWAY		43 STREET ADDRESS	3820 POWELTON AVE.	
CITY-ST-ZIP	NEW YORK NY 10038		44 CITY-ST-ZIP	PHILADELPHIA PA 19104	
TITLE	D		51 TITLE		☐ Change ☐ Addition
NAME	MILLER, GENE	DELETE	52 NAME		
STREET ADDRESS	1299 OCEAN AVENUE, SUITE 306		53 STREET ADDRESS		
CITY-ST-ZIP	SANTA MONICA CA 90401		54 CITY-ST-ZIP		
TITLE	D		61 TITLE		☐ Change ☐ Addition
NAME	ROLLO, F D M.D.	DELETE	62 NAME		
STREET ADDRESS	500 WEST MAIN STREET		63 STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE KY 40202		64 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)(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 changed, or on an attachment with an address.

SIGNATURE: F. Payson Smith, Jr. Senior Vice President and Chief Financial Officer 4/24/95 415-349-0800
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNIFIED OFFICER OR DIRECTOR — Date — Telephone Number

040248 FN