

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

7 WATERSIDE CROSSING
WINDSOR CT 06095
US

SUITE 200
2755 CAMPUS DRIVE
SAN MATEO CA 94403

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

3. Date Incorporated or Qualified

09/21/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

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

C T CORPORATION 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 of an officer, director, agent and title (if applicable) (NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME BADER, RICHARD F
STREET ADDRESS 2755 CAMPUS DRIVE, SUITE 200
CITY - ST - ZIP SAN MATEO CA

TITLE D ☐ DELETE

NAME ZINBERG, ALLAN
STREET ADDRESS 7 WATERSIDE CROSSING
CITY - ST - ZIP WINDSOR CT

TITLE COSD ☐ DELETE

NAME SMITH, E P JR
STREET ADDRESS 2755 CAMPUS DRIVE, SUITE 200
CITY - ST - ZIP SAN MATEO CA

TITLE P ☐ DELETE

NAME SWAPAN, SE
STREET ADDRESS 3820 POWELTON AVE
CITY - ST - ZIP PHILADELPHIA PA

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

94403

21 TITLE

☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

06095

31 TITLE

☒ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

94403

41 TITLE

☒ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

SEN, SWAPAN

19104

51 TITLE

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

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)(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 617, 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

6/21/96

DATE

Day/Month/Year

CR2E034 (3/96)