

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 # F94000004928 (7)

1. Corporation Name

MED IMAGES, INC.



Principal Place of Business

9050 EXECUTIVE PARK DR., #110-C
KNOXVILLE TN 37923-4614

Mailing Address

9050 EXECUTIVE PARK DR., #110-C
KNOXVILLE TN 37923-4614

3. Date Incorporated or Qualified

09/22/1994

3a. Date of Last Report

06/29/1995

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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

Signature typed or printed below of registered agent and, if not applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME
WHEELY, B O
STREET ADDRESS
9050 EXECUTIVE PARK DR., #110-C
CITY-STATE-ZIP
KNOXVILLE TN 37923-4614

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME
D
MULLINS, J D
STREET ADDRESS
9050 EXECUTIVE PARK DR., #110-C
CITY-STATE-ZIP
KNOXVILLE TN 37923-4614

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE ☒ DELETE

3.1 TITLE ☐ Change ☒ Addition

NAME
DICKSON, IAN J
STREET ADDRESS
9050 EXECUTIVE PARK DR., #110-C
CITY-STATE-ZIP
KNOXVILLE TN 37923-4614

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE ☐ DELETE

4.1 TITLE ☒ Change ☐ Addition

NAME
SD
KANTER, JOEL S
STREET ADDRESS
9050 EXECUTIVE PARK DR., #110-C
CITY-STATE-ZIP
KNOXVILLE TN 37923-4614

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☒ Addition

NAME
GRAHL, DENNIS A.
STREET ADDRESS
9050 EXECUTIVE PARK DR., #110-C
CITY-STATE-ZIP
KNOXVILLE, TN 37923-4614

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☒ Addition

NAME
EDWARDS, GREGORY O.
STREET ADDRESS
9050 EXECUTIVE PARK DR., #110-C
CITY-STATE-ZIP
KNOXVILLE TN 37923-4614

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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 an address.

SIGNATURE:

[Signature]
SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

3/4/96 (423) 694-7501

Date

Daytime Phone #

CR2E034 (12/95)