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May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

09/22/1994

3a. Date of Last Report

03/15/1996

4. FEI Number

62-1329993

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 CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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 type: (or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME WHEELEY, B O
STREET ADDRESS 9050 EXECUTIVE PARK DR., #110-C
CITY-ST-ZIP KNOXVILLE TN

TITLE D ☐ DELETE

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

TITLE CD ☐ DELETE

NAME GRINDSTAFF E. DOUGLAS
STREET ADDRESS 9050 EXECUTIVE PARK DRIVE
CITY-ST-ZIP KNOXVILLE TN

TITLE D ☐ DELETE

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

TITLE COOS ☐ DELETE

NAME EDWARDS, GREGORY O
STREET ADDRESS 9050 EXECUTIVE PARK DRIVE #110C
CITY-ST-ZIP KNOXVILLE TN

TITLE PD ☐ DELETE

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

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/97 (423) 694-7501

CR2E034 (9/96)