

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 31, 1999 8:00 am  
Secretary of State

03-31-1999 90053 017 \*\*\*150.00

DOCUMENT # F94000004928

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1994

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 owes the current year Intangible  
Personal Property Tax.

☐

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, typed 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 WHEELLEY, 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 Director ☐ Change ☒ Addition

1.2 NAME Burkardt, Gary  
1.3 STREET ADDRESS 9050 Executive Park Dr., #110-C  
1.4 CITY-ST-ZIP Knoxville, TN 37923

2.1 TITLE Director ☐ Change ☒ Addition

2.2 NAME Burleson, Gene  
2.3 STREET ADDRESS 9050 Executive Park Dr., #110-C  
2.4 CITY-ST-ZIP Knoxville, TN 37923

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/99

423-694-7501

Date

Daytime Phone #

CR2E034 (11/98)