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1996 APR 22 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000004721 (5)**
1. Corporation Name
OAKWATER IMAGING CENTER, INC.

Principal Place of Business: **3872 OAKWATER CIRCLE ORLANDO FL 32806**
Mailing Address: **3872 OAKWATER CIRCLE ORLANDO FL 32806**

3. Date Incorporated or Qualified: **09/27/1995**
3a. Date of Last Report: _____
4. FEI Number: **36-4012446**
Applied For: 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

2. Principal Place of Business: **21**
2a. Mailing Address: **26** *800 ENTERPRISE DRIVE*
Suite, Apt. #, etc.: _____ Suite, Apt. #, etc.: **27** *220*
City & State: **23** *OAK BROOK, IL*
City & State: **28** *OAK BROOK, IL*
Zip: **24** *60521* Country: **30** *USA*

9. Name and Address of Current Registered Agent
**SHIELDS, ETTA
4600 W. OAK ST.
KISSIMMEE FL 34741**

10. Name and Address of New Registered Agent
B1 Name: **CT CORPORATION SYSTEM**
B2 Street Address (P.O. Box Number is Not Acceptable): **1200 S. PINE ISLAND ROAD**
B3 _____
B4 City: **PLANTATION** FL B5 Zip Code: **33324**

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: *Jeffrey H. Terry* **Jeffrey H. Terry - Assistant Secretary** DATE: **4/19/96**

12. OFFICERS AND DIRECTORS

TITLE	CVD	<input checked="" type="checkbox"/> DELETE
NAME	RAINEY, KATHY	
STREET ADDRESS	8700 CARRIAGE GREENS DR	
CITY - ST - ZIP	DARIEN IL 60559	
TITLE	OTD	<input checked="" type="checkbox"/> DELETE
NAME	JOYCE, CATHY	
STREET ADDRESS	800 ENTERPRISE DR, SUITE 220	
CITY - ST - ZIP	OAK BROOK IL 60559	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SHIELDS, ETTA	
STREET ADDRESS	3872 OAKWATER CIRCLE	
CITY - ST - ZIP	ORLANDO FL 32806	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BRIAN BRODERICK	
1.3 STREET ADDRESS	800 ENTERPRISE DRIVE	
1.4 CITY - ST - ZIP	OAK BROOK, IL 60521	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	500001789355	
3.2 NAME	-04/22/96--01088--002	
3.3 STREET ADDRESS	****200.00 ****200.00	
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), 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: *Barbara* **4/15/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DESTINE PHONE #

CR2E034 (12/95)