

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

FILED

May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000000321 (7)**

1. Corporation Name

INTELLIGENT MEDICAL IMAGING, INC.



Principal Place of Business 4360 NORTHLAKE BLVD., STE. 214 PALM BEACH GARDENS FL 33410	Mailing Address 4360 NORTHLAKE BLVD., STE. 214 PALM BEACH GARDENS FL 33410-6265
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 01/18/1996	3a. Date of Last Report
4. FEI Number APPLIED FOR 65-0136178	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent FITZMORRIS, TYCE M 4360 NORTHLAKE BLVD., STE. 214 PALM BEACH GARDENS FL 33410	
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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	CP <input type="checkbox"/> DELETE
NAME	FITZMORRIS, TYCE M
STREET ADDRESS	4360 NORTHLAKE BLVD., STE. 214
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410
TITLE	DV <input checked="" type="checkbox"/> DELETE
NAME	ESPENHAHN, ERIC
STREET ADDRESS	4360 NORTHLAKE BLVD., STE. 214
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410
TITLE	DS <input type="checkbox"/> DELETE
NAME	COCHRAN, GENE
STREET ADDRESS	4360 NORTHLAKE BLVD., STE. 214
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410
TITLE	D <input type="checkbox"/> DELETE
NAME	FRITZSCHE, R. WAYNE
STREET ADDRESS	4360 NORTHLAKE BLVD., STE. 214
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410
TITLE	D <input type="checkbox"/> DELETE
NAME	WHITTAKER, WILLIAM D
STREET ADDRESS	4360 NORTHLAKE BLVD., STE. 214
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410
TITLE	D <input type="checkbox"/> DELETE
NAME	MASTERS, GEORGE
STREET ADDRESS	4360 NORTHLAKE BLVD., STE. 214
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D James Skinner
1.3 STREET ADDRESS	4360 Northlake Blvd, Ste 214
1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D James E. Davis
2.3 STREET ADDRESS	4360 Northlake Blvd, Ste 214
2.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
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 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 or changed, or in an attachment with an address.

SIGNATURE:

Ge. Masters
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0303944

CR2E034 (9/96)