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FILED  
Apr 28 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F97000002902 (1)

1. Corporation Name

PRESGAR MEDICAL IMAGING, INC.



Principal Place of Business

5214 MARYLAND WAY, STE. 405  
BRENTWOOD TN 37027

Mailing Address

5214 MARYLAND WAY, STE. 405  
BRENTWOOD TN 37027

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/03/1997

4. FEI Number

62-1673773

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 15310 Amberly Drive

Suite, Apt. #, etc.

22 315

City & State

23 Tampa, FL

Zip

24 33647

Country

25 USA

2a. Mailing Address

26 15310 Amberly Drive

Suite, Apt. #, etc.

27 315

City & State

28 Tampa, FL

Zip

29 33647

Country

30 USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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 ☐ DELETE

NAME PD  
STREET ADDRESS WRIGHT, GARY W  
CITY-ST-ZIP 15310 AMBERLY DR., STE. 315  
TAMPA FL 33647

TITLE ☒ DELETE

NAME SD  
STREET ADDRESS COCHRAN, T. KENT  
CITY-ST-ZIP 5214 MARYLAND WAY, STE. 405  
BRENTWOOD TN 37027

TITLE ☒ DELETE

NAME TD  
STREET ADDRESS RICE, CHRISTIAN C JR.  
CITY-ST-ZIP 5214 MARYLAND WAY, STE. 405  
BRENTWOOD TN 37027

TITLE ☐ DELETE

NAME D  
STREET ADDRESS OCHS, KEITH  
CITY-ST-ZIP 15310 AMBERLY DR., STE. 315  
TAMPA FL 33647

TITLE ☒ DELETE

NAME D  
STREET ADDRESS WRIGHT, SUSAN  
CITY-ST-ZIP 15310 AMBERLY DR., STE. 315  
TAMPA FL 33647

TITLE ☒ DELETE

NAME D  
STREET ADDRESS DAVIS, F. DONALD  
CITY-ST-ZIP 5214 MARYLAND WAY, STE. 405  
BRENTWOOD TN 37027

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 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]* Gary Wright

4/22/98 (813) 977-8751

CR2E034 (10/97)