

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

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Apr 15 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 # H23612 (5)

1. Corporation Name  
DIAGNOSTIC IMAGING SYSTEMS, INC.



Principal Place of Business  
4529 N.W. 51 COURT  
POMPANO BEACH FL 33073

Mailing Address  
4529 N.W. 51 COURT  
POMPANO BEACH FL 33073-2911

3. Date Incorporated or Qualified 10/02/1984  
3a. Date of Last Report 05/09/1996

2. Principal Place of Business 2a. Mailing Address  
21 914 NEW LAKE DR 28 914 NEW LAKE DR  
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City, State 27 City, State  
23 BOYTON BEACH FL 28 BOYTON BEACH FL  
Zip 24 33426 25 33426 29 33426 30 Country

4. FEI Number 59-2466383  
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GREEN, SHANNON  
4529 N.W. 51 COURT  
POMPANO BEACH FL 33073

10. Name and Address of New Registered Agent

81 Name SAME  
82 Street Address (P.O. Box Number is Not Acceptable) 914 NEW LAKE DR  
83  
84 City BOYTON BEACH FL 85 Zip 33426

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, SHANNON M.	12 NAME	SAME
STREET ADDRESS	4529 N.W. 51 COURT	13 STREET ADDRESS	914 NEW LAKE DR
CITY- ST- ZIP	POMPANO BEACH FL	14 CITY- ST- ZIP	BOYTON BEACH FL
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY- ST- ZIP		24 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY- ST- ZIP		34 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY- ST- ZIP		44 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY- ST- ZIP		54 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		64 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: \_\_\_\_\_ Date: 4-10-97 Daytime Phone #: 561-733-9213

CR2E034 (9/96)