FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (5)DIAGNOSTIC IMAGING SYSTEMS, INC.

## **FILED** May 01 1998 8:00am Secretary of State

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Principal Place	of Business	Mailing Address			S ESDIDIO DIID IIOND CIRLE DIIDI IIDIO ESDI	A1844 BIAIN BIBIN BIBIN A184	44 BIBIT 1881
914 NEW LAKES DR. 914 NEW LAKES DR.							
BOYTON BEACH FL 33426 BOYNTON BEACH FL 33426			6		DO NOT MEET	IN THIS SOME	
U\$ U\$				-	DO NOT WHITE IN THIS SPACE		
					3. Date Incorporated or Qualified		
A Dringing Di	and all Diversions	On Mailing Addrson		_	10/02/1984 4. FEI Number		pplied For
	ace of Business	2a. Mailyno Address	SUMMIT		59-2466383		ot Applicable
Suite, Apt.	I gloss of Cardo	Suite, Apt_Letc,		1		¢0.75	Additional
22	TRAILS (BUK	18011	S ( IRO	18	5. Certificate of Status Desired		equired
City & State	- BA. PGC-	City & State	1. Dead	"	8. Election Campaign Financing	\$5.00	May Be
23 WF6	トー レトリイカ むしししい	28 NES/412	M VIEAGE	1	Trust Fund Contribution		to Fees
Zip 2/2/	112 Country 7/	_ ZP211/6	Country	2	B. This corporation owes or has pai	d the current year Inf	tangible
24 007	25 119		10 /	ン」	Personal Property Tax due June		] No
	9. Name and Address of Current i	Registered Agent			10. Name and Address of New Reg	Jistered Agent	
GRI	EEN, SHANNON		81 Name		SOM		
	NEW LAKE DR.		82 Street, A	Andress	(P.O.Box Number is Not Acceptable	1001/C	5
BO	YTON BEACH FL 33426			<u> </u>	D 301919	7/10/10	//-
			83			CIAC	ae 1
			B4 City	1/5	CTOO IN BOOK	85 Zip	900/10
			ν	<u> </u>	of pully en	4LL	
11. Pursuant t	o the provisions of Sections 607.0502 egistered eyent, or both, in the State of manifestation for family with, and appropriate obligation	and 607 1508, Florida Statutes LEtorida, Such change was au	<ul> <li>the above-named of thorized by the corp</li> </ul>	corpora	ation submits this statement for the pi 's board of directors. I hereby accep	urpose of changing it Line appointment as	its registered :
agent. I ag	m familia with, and accompline obligation	ons of, Section 60 .0505, Flori	da Statutes	: )	11	1/100	Ĭ
SIGNATURE	XIII WAS	3/10NNC	1/1///	<u>~</u>	41	16/10	
10	Signature (v) and or printed name of registimed agent.  OFFICERS AND		Registered Agent signature 13.	required v	ADDITIONS/CHANGES TO OFFIC	DATE  ERS AND DIRECTOR	RS IN 12
12.	PD	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO GITTO	Change	Addition
NAME	GREEN, SHANNON M.		1.2 NAME		1	model.	STIPE
STREET ADDRESS	914 NEW LAKE DR.		1.3 STREET ADDRESS	ノ	120 8 200111	1000	CINC
CITY-S1-ZIP	BOYNTON BEACH FL		1.4 CITY-ST-ZIP	/W	185T Pala Oz	och y c	R.
TITLE		DELETE	2.1 TITLE			☐ Change	Addition
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TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
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CITY-ST-ZIP			3.4. CITY+ST-ZIP				
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CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP	<u> </u>			
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME	]			
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP	L	740 07/07/7 51 11 0		
44 I horobu o	ertify that the information supplied will	this films does not qualify for	the evention state	ad in Sa	cuon 119 D70300 Elonda Statutes 1:	airmer certify that the	e intormation i

I nereby 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 informatio 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 organ attachment with an address.