FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **H33728** **(7)**

1. Corporation Name

TRIANGLE IMAGING GROUP, INC.

Principal Place of Business	Mailing Address
12 SOUTH PENATAQUIT AVENUE BAY SHORE NY 11706	12 SOUTH PENATAQUIT AVENUE BAY SHORE NY 11706

3. Date Incorporated or Qualified: **12/12/1984**
3a. Date of Last Report: **04/12/1995**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **59-2493183** ☐ 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

9. Name and Address of Current Registered Agent

BELLEZZA, PETER J
4250 NORTH A1A, APT. 506
NORTH HUTCHINSON ISLAND FL 34949

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 607.0505 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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BELLEZZA, VITO		1.2 NAME		
STREET ADDRESS	12 SOUTH PENATAQUIT AVENUE		1.3 STREET ADDRESS		
CITY, ST, ZIP	BAY SHORE NY 11706		1.4 CITY, ST, ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BELLEZZA, PETER J		2.2 NAME		
STREET ADDRESS	4250 N. A1A, APT. 506		2.3 STREET ADDRESS		
CITY, ST, ZIP	N. HUTCHINSON FL 34949		2.4 CITY, ST, ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FIDELI, FRANZ		3.2 NAME		
STREET ADDRESS	820 BIRD BAY WAY		3.3 STREET ADDRESS		
CITY, ST, ZIP	VENICE FL 34292		3.4 CITY, ST, ZIP		
TITLE	VD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MATIS, GERALD		4.2 NAME		
STREET ADDRESS	145 FROEHLICH FARM BLVD.		4.3 STREET ADDRESS		
CITY, ST, ZIP	WOODBURY NY		4.4 CITY, ST, ZIP		
TITLE	PD	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SECRETO, THOMAS		5.2 NAME		
STREET ADDRESS	145 FROEHLICH FARM BLVD.		5.3 STREET ADDRESS		
CITY, ST, ZIP	WOODBURY NY		5.4 CITY, ST, ZIP		
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		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is complete, accurate and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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: Vito A. Bellezza — 4/26/96 — 1(516)666 6890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #