FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H35843** **(2)**

1. Corporation Name

MEDICAL X-RAY SERVICES, INC.

Principal Place of Business	Mailing Address
P O BOX 12588 ATTN: OFFICE OF LEGAL SERVICES ST PETERSBURG FL 33733	P O BOX 12588 ATTN: OFFICE OF LEGAL SERVICES ST PETERSBURG FL 33733

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
12/28/1964	03/18/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number **59-2751636** ☐ 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	10. Name and Address of New Registered Agent
CARNES, GARY A 1201 5TH AVE NORTH ST PETERSBURG FL 33705	81 Name REVONDA L. SHUMAKER 82 Street Address (P.O. Box Number is Not Acceptable) 83 1201 5TH AVE. N. 84 City ST. PETERSBURG FL 85 Zip Code 33705

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 Revonda L Shumaker REVONDA L. SHUMAKER, EXECUTIVE VICE PRESIDENT 4/21/95

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P/D	☒ Change ☐ Addition
NAME	CARNES, GARY	12 NAME	JOHN BIEBEL	
STREET ADDRESS	1201 5TH AVENUE NORTH	13 STREET ADDRESS	1201 5TH AVENUE NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL	14 CITY-ST-ZIP	ST. PETERSBURG, FL. 33705	
TITLE	S	21 TITLE	S/D	☒ Change ☐ Addition
NAME	LOCHNER, MARY ANN	22 NAME	GILBERT PITISCI, M.D.	
STREET ADDRESS	1201 5TH AVENUE NORTH	23 STREET ADDRESS	1201 5TH AVE. N.	
CITY-ST-ZIP	ST. PETERSBURG FL	24 CITY-ST-ZIP	ST. PETERSBURG, FL 33705	
TITLE	T	31 TITLE	T/D	☒ Change ☐ Addition
NAME	FANTZ, DAVID A	32 NAME	GARY W. CHAWK	
STREET ADDRESS	1201 5TH AVENUE NORTH	33 STREET ADDRESS	1201 5TH AVE. N.	
CITY-ST-ZIP	ST. PETERSBURG FL	34 CITY-ST-ZIP	ST. PETERSBURG, FL 33705	
TITLE		41 TITLE	V/D	☐ Change ☒ Addition
NAME		42 NAME	REVONDA L. SHUMAKER	
STREET ADDRESS		43 STREET ADDRESS	1201 5TH AVE. N.	
CITY-ST-ZIP		44 CITY-ST-ZIP	ST. PETERSBURG, FL 33705	
TITLE		51 TITLE	V/D	☐ Change ☒ Addition
NAME		52 NAME	ISAAC MALLAH	
STREET ADDRESS		53 STREET ADDRESS	1201 5TH AVE. N.	
CITY-ST-ZIP		54 CITY-ST-ZIP	ST. PETERSBURG, FL 33705	
TITLE		61 TITLE	V/D	☒ Change ☐ Addition
NAME		62 NAME	CHARLES SCOTT	
STREET ADDRESS		63 STREET ADDRESS	1201 5TH AVE. N.	
CITY-ST-ZIP		64 CITY-ST-ZIP	ST. PETERSBURG, FL 33705	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 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 Revonda L Shumaker REVONDA L. SHUMAKER 4/21/95 (813)825-1074

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

091801 CP