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

DOCUMENT # **H42355** **(8)**

1. Corporation Name

SUN STATE MOBILE X-RAY SERVICE, INC.

Principal Place of Business	Mailing Address
% PETER VINING 2151 W. HILLSBORO BLVD., SUITE #305 DEERFIELD BCH. FL 33442	% PETER VINING 2151 W. HILLSBORO BLVD., SUITE #305 DEERFIELD BCH. FL 33442

3. Date Incorporated or Qualified: **02/01/1985**
3a. Date of Last Report: **03/03/1995**

4. FEI Number: **59-2614401** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 Sun State Mobile X-Ray	26 % Peter Vining
Suite, Apt. #, etc. 22 2151 W Hillsboro Blvd. #306	Suite, Apt. #, etc., 27 17610 Woodview Terr.
City & State 23 Deerfield Beach, FL	City & State 28 Boca Raton, FL
Zip 24 33442 Country 25 U.S.	Zip 29 33487 Country 30 U.S.

9. Name and Address of Current Registered Agent

VINING, PETER EDWIN
17610 WOODVIEW TERR.
BOCA RATON FL 33487

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: X _____ Peter Vining 4-16-96
(Signature, typed or printed name of registered agent, and if applicable the office held) (NOTE: Registered Agent's signature required for filing in this state.) (DATE)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	VINING, PETER EDWIN		1.2 NAME	
STREET ADDRESS	17610 WOODVIEW TERR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487		1.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	VINING, PETER EDWIN		2.2 NAME	
STREET ADDRESS	17610 WOODVIEW TERR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
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	
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 voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: X _____ Peter Vining 4-16-96 (407) 737-2077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)