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PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 JUN 16 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H55499** **(8)**

1. Corporation Name
SALISBURY IMAGING INC.

Principal Place of Business	Mailing Address
4063 SALISBURY ROAD, SUITE 203 JACKSONVILLE FL 32216	4063 SALISBURY ROAD, SUITE 203 JACKSONVILLE FL 32216-6199

3. Date Incorporated or Qualified: 05/02/1985
3a. Date of Last Report: 04/11/1996

2. Principal Place of Business
21 4063 Salisbury Rd
22 Suite, Apt. #, etc. Suite 100
23 City & State: Jacksonville, FL
24 Zip: 32216 25 Country

2a. Mailing Address
26 777 S. FLAGLER DR
27 Suite, Apt. #, etc. SUITE 1201E
28 City & State: WEST PALM BCH FL
29 Zip: 33401 30 Country

4. FEI Number: 59-2558176 ☐ 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

ALMAND, AMOS F. III
4063 SALISBURY ROAD, SUITE 203
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name: Corporation Service Company
82 Street Address (P.O. Box Numbers Not Acceptable): 1201 Hays Street
83
84 City: Tallahassee, FL 85 Zip Code: 32301

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: Maureen Cullen — Maureen W. Cullen — 6/13/97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DPVT ALMAND, AMOS F., III 4063 SALISBURY RD #203 JACKSONVILLE FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	C Mendelson, Laurans A. 777 S. Flagler Dr. West Palm Bch, FL 33401 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS WODRICH, MICHAEL 1300 GULF LIFE DR., 8 FL JACKSONVILLE FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	P Paul, Joseph A 777 S. Flagler Dr West Palm Bch, FL 33401 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VP/AS Shaw, PAUL ANDREW 777 S. FLAGLER DR West Palm Bch, FL 33401 — ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	100022164 31--2 -06/18/97--01108--022 ****165.00 ****165.00 — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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: