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5-1-95 6-16502MXC

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

DOCUMENT # **J28813** **(0)**

1. Corporate Name

PHYSICIANS MAMMOGRAPHY AND SONOGRAPHY SERVICES, INC.

Principal Place of Business
1825 JESS PARRISH CT.
1825 JESS PARRISH CT.
TITUSVILLE FL 32796
US
Business office address

c/o J. A. Guerrero
Mailing Address
1825 JESS PARRISH CT.
1825 JESS PARRISH CT.
TITUSVILLE FL 32796
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/15/1986
3a. Date of Last Report: 05/01/1994

2. Prior Corporate Name
21
Date Adopted
22
City, State
23
24 25

2a. Mailing Address
26
Date Adopted
27
City, State
28
29 30

4. FEI Number: 59-2728863 — 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. Does the corporation elect to be governed by Section 607.0901 of the Florida Statutes? [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

GUERRERO, JUAN A.
1825 JESS PARRISH CT.
TITUSVILLE FL 32796

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 Section 607.0505, Florida Statutes, the undersigned corporation submits the statement for the designation of registered office in compliance with Section 607.0501, Florida Statutes, and the acceptance of the designation by the registered agent named therein.

Signature: Juan A. Guerrero

12. Officers and Directors

Title	D
Name	DEE, MANUEL
Street Address	3400 LIONEL DR
City, State, Zip	MIMS FL
Title	D
Name	GUERRERO, JUAN A.
Street Address	3710 HIDDEN HILLS DR
City, State, Zip	TITUSVILLE FL
Title	D
Name	OSMON, LEON
Street Address	4358 LANTERN DR
City, State, Zip	TITUSVILLE FL
Title	P
Name	SMITH, THOMAS
Street Address	3705 CHIARA DR
City, State, Zip	TITUSVILLE FL
Title	S
Name	WHERRY, CURTIS
Street Address	2145 TURPENTINE RD
City, State, Zip	MIMS FL

13. Additional Officers and Directors

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall serve as my resignation as registered agent if I cease to be an officer or director of a corporation registered with the Department of State to accept service of process for any such corporation and that my name appears in Section 12 of this report or in an attached amendment as an officer or director.

SIGNATURE: Juan A. Guerrero — 5-1-95 — 407 267 6796

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0082194 CP