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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J28813 (0)

1. Corporation Name

PHYSICIANS MAMMOGRAPHY AND SONOGRAPHY SERVICES,
INC.

Principal Place of Business

1825 JESS PARRISH CT.
1825 JESS PARRISH CT.
TITUSVILLE FL 32796
US

Mailing Address

1825 JESS PARRISH CT.
1825 JESS PARRISH CT.
TITUSVILLE FL 32796-2104
US



2. Principal Place of Business

21 Suite Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

08/15/1986

3a. Date of Last Report

02/27/1996

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. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes No

8. 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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME DEE, MANUEL
STREET ADDRESS 3400 LIONEL DR
CITY-ST-ZIP MIMS FL

TITLE D ☐ DELETE
NAME GUERRERO, JUAN A.
STREET ADDRESS 3710 HIDDEN HILLS DR
CITY-ST-ZIP TITUSVILLE FL

TITLE D ☐ DELETE
NAME OSMON, LEON
STREET ADDRESS 4358 LANTERN DR
CITY-ST-ZIP TITUSVILLE FL

TITLE P ☐ DELETE
NAME SMITH, THOMAS
STREET ADDRESS 3705 CHIARA DR
CITY-ST-ZIP TITUSVILLE FL

TITLE S ☐ DELETE
NAME WHERRY, CURTIS
STREET ADDRESS 2145 TURPENTINE RD
CITY-ST-ZIP MIMS FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUAN A. GUERRERO MD 4/27/97 (407) 2676796

Date

Daytime Phone #

CR2E034 (9/96)