

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 21 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J70448 (2)

1. Corporation Name
IMAGING EDUCATION & RESEARCH, INC.

Principal Place of Business

1827 BAYSHORE BLVD
TAMPA FL 33606-0210

Mailing Address

1827 BAYSHORE BLVD
TAMPA FL 33606-0210

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/29/1987

3a. Date of Last Report

05/13/1994

4. FEI Number

59-2877509

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

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OSTMAN, ELLEN D. ESO
1321 W WATERS AVE
SUITE 105
TAMPA FL 33604

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 the applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

SILBINGER, MARTIN

STREET ADDRESS

11720 LIPSEY RD

CITY-ST-ZIP

TAMPA FL

TITLE

D

NAME

MURTAGH, REED

STREET ADDRESS

4325 CARROLLWOOD VIL DR

CITY-ST-ZIP

TAMPA FL

TITLE

D

NAME

CLARK, ROBERT

STREET ADDRESS

4303 OAKHURST TER

CITY-ST-ZIP

TAMPA FL

TITLE

D

NAME

STEIN, BERNIE

STREET ADDRESS

4907 NEW PROVIDENCE RD

CITY-ST-ZIP

TAMPA FL

TITLE

D

NAME

GREENBERG, HARVEY

STREET ADDRESS

10011 HAMPTON PL

CITY-ST-ZIP

TAMPA FL

TITLE

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 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:

(Signature and typed or printed name of signing officer or director)

MARTIN SILBINGER

3/13/95

Date

613 974 2538

(Typed Name)