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AND
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CORPORATION
ANNUAL REPORT
1995



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

95 MAY -1 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J98559 (4)

1. Corporation Name

SOUTHWEST FLORIDA REGIONAL IMAGING INC.

Principal Place of Business

329 E. OLYMPIA AVE
P.O. BOX 1073
PUNTA GO 33950
US

Mailing Address

% RANDALL F. DUNN
P.O. BOX 1073
PUNTA GORDA FL 33951-6073

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/23/1987	3a. Date of Last Report 04/29/1994
4. FEI Number 65-0009552	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
7. This corporation has liability for intangible tax under S 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21 Suits, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suits, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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9. Name and Address of Current Registered Agent

DUNN, RANDALL F.
329 E. OLYMPIA AVE
PUNTA GORDA FL 33950

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	☐ Change ☐ Addition
NAME	DUNN, RANDALL F.	1.2 NAME	
STREET ADDRESS	1000 BERMUDA ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	PORT CHARLOTTE FL	1.4 CITY - ST - ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	KATZEN, MELVYN	2.2 NAME	
STREET ADDRESS	329 E. OLYMPIA AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	PUNTA GORDA FL	2.4 CITY - ST - ZIP	
TITLE	VP	3.1 TITLE	☐ Change ☐ Addition
NAME	KATEN, JILLIAN A	3.2 NAME	
STREET ADDRESS	329 E. OLYMPIA AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	PUNTA GORDA FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature/Printed Name

RANDALL F. DUNN 4/25/95