

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K32791 (1)

1. Corporation Name

IMAGING BY BMD, INC.



Principal Place of Business Mailing Address

~~444 BRICKELL AVE~~
~~MIAMI FL 33131~~
~~US~~

New ADDRESS

~~444 BRICKELL AVE~~
~~SUITE 210~~
~~MIAMI FL 33131~~
~~US~~

3. Date Incorporated or Qualified **09/12/1988** 3a. Date of Last Report **04/25/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. **IMAGING**
18271 N.E. 4TH COURT
CITY NORTH MIAMI BEACH, FL 33160
TEL: (305) 655-0555 FAX: (305) 655-1625

26 Suite, Apt. #, etc. **IMAGING**
18271 N.E. 4TH COURT
CITY NORTH MIAMI BEACH, FL 33160
TEL: (305) 655-0555 FAX: (305) 655-1625

4. FEI Number **65-0070360** 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

24 Zip ☐ Country ☐ 25 Zip ☐ Country ☐ 29 Zip ☐ Country ☐ 30 Zip ☐ Country ☐

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COHEN, JEFFREY ROY
17082 W. DIXIE HWY
MIAMI FL 33173

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	<input checked="" type="checkbox"/> DELETE
NAME	STRICKLAND, BETTY	
STREET ADDRESS	444 BRICKELL AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	PO	<input type="checkbox"/> DELETE
NAME	CARAWAN, BEVERLY	
STREET ADDRESS	444 BRICKELL AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	RENEAU, JEANNETTE	
STREET ADDRESS	444 BRICKELL AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MARCONI, BOB	
STREET ADDRESS	444 BRICKELL AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WRIGHT, BUENA	
STREET ADDRESS	444 BRICKELL AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<i>Delete</i>
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	18271 NE 4ct
2.3 STREET ADDRESS	N MIAMI Bch
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	18271 NE 4ct
3.3 STREET ADDRESS	N MIAMI Bch 33160
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<i>Delete</i>
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	18271 NE 4ct
5.3 STREET ADDRESS	N MIAMI Bch FL 33160
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jeannette L. Renau
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/96 655-0555
 DAY OF MONTH YEAR

CR2E034 (3/96)