

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K81110**

(4)

1. Corporation Name
MED-RAY SYSTEMS SOUTH, INC.



Principal Place of Business 4121 SALTWATER BLVD TAMPA FL 33615	Mailing Address 4121 SALTWATER BLVD TAMPA FL 33615-5638
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3. Date Incorporated or Qualified 04/17/1989	3a. Date of Last Report 04/23/1996
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2. Principal Place of Business 21 4625 MIRABELLA CT Suite, Apt. #, etc.	2a. Mailing Address 26 4625 MIRABELLA CT Suite, Apt. #, etc.
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4. FEI Number 59-2948420	Applied For <input type="checkbox"/> Not Applicable
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22 City & State ST PETE BEACH	27 City & State ST PETE BEACH
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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23 Zip 33706	25 Country USA	28 Zip 33706	30 Country US
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent
**STOLLMAN, ROSANNE P
4121 SALTWATER BLVD
TAMPA FL 33615**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	4625 MIRABELLA COURT
83	
84 City	ST. PETE BEACH
85 State	FL
86 Zip Code	33706

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE *Murray Stollman*

DATE **3/27/97**

Sign your typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

TITLE	D	<input type="checkbox"/> DELETE
NAME	STOLLMAN, MURRAY	
STREET ADDRESS	4121 SALTWATER BLVD	
CITY- ST- ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STOLLMAN, ROSANNE P	
STREET ADDRESS	4121 SALTWATER BLVD	
CITY- ST- ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4625 MIRABELLA COURT
1.4 CITY- ST- ZIP	ST PETE BEACH, FL 33706
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	4625 MIRABELLA COURT
2.4 CITY- ST- ZIP	ST PETE BEACH, FL 33706
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
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 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: *Murray Stollman* **MURRAY STOLLMAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0362515

CR2E034 (9/96)