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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

(1)

 Corporation Name ACCESS IMAGING CENTER, INC.

Principal Place of Business	Mailing Address			
C/O STEPHEN E. COX 28100 US 19 N #509 CLEARWATER FL 34621	C/O STEPHEN E. COX 28100 US 19 N #509 CLEARWATER FL 34621			
	OLEMBINIEN PE 04021	3. Date Incorporated or Qualified 3a. Date of Last R		

28100 US 19 N #509 CLEARWATER FL 34621		28100 US 19 N #509 CLEARWATER FL 34621			
				3. Date Incorporated or Qualified 10/12/1989	3a. Date of Last Report 05/01/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26 1931 N. BE	ELCHER RD.	59-2979406	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	)	City & State	± R. FL.	Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	
24	25	29 346 25	30 PINELLAS	Florida Statutes 🔀 Yes	
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New R	egistered Agent
			81 Name	VE COX	
COX. S	TEPHEN E.,		STE'	ress (P.O. Box Number is Not Acceptab	le)
•	JS 19N #509		1881	N. BELCHER RI	<u></u>
	WATER FL 34621		83		
0000			SOF.	TE DI	Test 7:5 Code
			84 City	RWATER	FL 85 Zip Code
or register familiar wi	red agent, or both, in the State of Floric th, and accept the obligations of, Secti	and 607.1508, Florida Statute da. Such change was authorize on 607.0505, Florida Statutes	es, the above-named corpored by the corporation's boa	ration submits this statement for the pur ard of directors. I hereby accept the appo	pose of changing its registered office pintment as registered agent. I am
SIGNATURE .	Signature, typed a printed name of registered agent	and title if applicable: (NO	TE: Registered Agent signature require	ed when reinstating	DATE
12.	OFFICERS AND	O DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
TITLE	PTD	DELETE	1. 1 TITLE		☐ Change ☐ Addition
NAME	COX, STEPHEN E.		1.2 NAME		
STREET ADDRESS	28100 US 19 N #509		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY - ST - ZIP		
TITLE	VD	☐ DELETE	2 1 TITLE	•	Change 🔲 Addition
NAME	COX, EDITH E.		2 2 NAME		
STREET ADDRESS	28100 US 19 N. #509		2 3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		2 4 CITY - ST - ZIP		
TITLE	\$	☐ DELETE	3 1 TITLE ~		Change Addition
NAME	GEYER, JEFF		3.2 NAME		
STREET ADDRESS	28100 US 19 N. #509		3.3. STREET ADDRESS		
DITY-ST-ZIP	CLEARWATER FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4. 1 TITLE		Change Addition
MALIC			4.2 NAME		

4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 5. 1 THTLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 6. 1 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Ido 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 early; 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: \_<

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-36-96

CR2E034 (12/95)