

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L62004**

(1)

1. Corporation Name

MED-PRO IMAGING, INC.



Principal Place of Business

Mailing Address

**P O BOX 5442
LAKE WORTH FL 33466-5442
US**

**P O BOX 5442
LAKE WORTH FL 33466-5442
US**

3. Date Incorporated or Qualified
04/03/1990

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DUFFEY, CLAUDIA
240 W. PALMETTO PARK ROAD, SUITE 300
BOCA RATON FL 33432**

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 if applicable, date

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	ANTONETT, CALECA	
STREET ADDRESS	PO BOX 5442 N/A	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	V	☐ DELETE
NAME	CALECA, SALVATORE	
STREET ADDRESS	P O BOX 5442 N/A	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	V	☒ Change ☐ Addition
2. NAME	Antoinette Caleca	
3. STREET ADDRESS	P.O. Box 5442	
4. CITY-ST-ZIP	Lake Worth FL	
5. TITLE	P	☒ Change ☐ Addition
6. NAME	Caleca Salvatore	
7. STREET ADDRESS	P.O. Box 5442	
8. CITY-ST-ZIP	Lake Worth, FL	
9. TITLE		☐ Change ☐ Addition
10. NAME		
11. STREET ADDRESS		
12. CITY-ST-ZIP		
13. TITLE		☐ Change ☐ Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-ST-ZIP		
17. TITLE		☐ Change ☐ Addition
18. NAME		
19. STREET ADDRESS		
20. 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:

Antoinette Caleca

Antoinette Caleca

4-29-96

(407)434-0666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E034 (12/95)