

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 JUL -7 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/03/1990

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0189895

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

6. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V ☐ DELETE

NAME ANTOINETT, CALECA
STREET ADDRESS PO BOX 5442 NA
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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE V ☒ Change ☐ Addition

12 NAME CALECA, ANTOINETTE
13 STREET ADDRESS P.O. Box 5442 (N/A)
14 CITY-ST-ZIP LAKE WORTH FL 33466

21 TITLE P ☒ Change ☐ Addition

22 NAME CALECA, SALVATORE
23 STREET ADDRESS P.O. Box 5442 (N/A)
24 CITY-ST-ZIP LAKE WORTH FL 33466

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

400002236394--5
-07/11/97--01110--012
****165.00 ****165.00

7-9-97

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.