FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 1:10

DOCUMENT # L70125 (4)

1. Corporation Name
PALMS WEST IMAGING, INC.

Principal Place of Business	Mailing Address
13005 STATE ROAD 80 SUITE 225 LOXAHATCHEE FL 33470 US	13005 STATE ROAD 80 SUITE 225 LOXAHATCHEE FL 33470 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/02/1990
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

4. FEI Number: 65-0197524 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State — 23
City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip — 24 Country — 25
Zip — 29 Country — 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MENKHAUS, DAVID J. EXQUI
4800 N. FEDERAL HWY
210 A
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☑ Change ☐ Addition
NAME	DEWAR, DONALD B. M.D.	1.2 NAME	
STREET ADDRESS	2829 TENTH AVENUE NORTH	1.3 STREET ADDRESS	13005 S.R. 80, #225
CITY-ST-ZIP	LAKE WORTH FL	1.4 CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	D	2.1 TITLE	☑ Change ☐ Addition
NAME	PELAEZ, JUAN CARLOS M.D.	2.2 NAME	
STREET ADDRESS	2829 TENTH AVENUE NORTH	2.3 STREET ADDRESS	13005 S.R. 80, #225
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	D	3.1 TITLE	☑ Change ☐ Addition
NAME	BANE, DONALD B. M.D.	3.2 NAME	
STREET ADDRESS	2829 TENTH AVENUE NORTH	3.3 STREET ADDRESS	13005 S.R. 80 #225
CITY-ST-ZIP	LAKE WORTH FL	3.4 CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	D	4.1 TITLE	☑ Change ☐ Addition
NAME	HUBER, JONATHAN S. M.D.	4.2 NAME	
STREET ADDRESS	2829 TENTH AVENUE NORTH	4.3 STREET ADDRESS	13005 S.R. 80 #225
CITY-ST-ZIP	LAKE WORTH FL	4.4 CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Donald Dewar 2/6/95 407795-6824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0273760 CP