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 # L70125 (4)

1. Corporation Name

PALMS WEST IMAGING, INC.

Principal Place of Business

13005 STATE ROAD 80
SUITE 225
LOXAHATCHEE FL 33470
US

Mailing Address

13005 STATE ROAD 80
SUITE 225
LOXAHATCHEE FL 33470
US

3. Date Incorporated or Qualified: 05/02/1990
3a. Date of Last Report: 02/10/1995
4. FEI Number: 65-0197524 ☐ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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 ____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DEWAR, DONALD B. M.D.	1.2 NAME	
STREET ADDRESS	13005 SR 80, #225	1.3 STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE FL	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PELAEZ, JUAN CARLOS M.D.	2.2 NAME	
STREET ADDRESS	13005 SR 80, #225	2.3 STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE FL	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BANE, DONALD B. M.D.	3.2 NAME	
STREET ADDRESS	13005 SR 80, #225	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE FL	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HUBER, JONATHAN S. M.D.	4.2 NAME	
STREET ADDRESS	13005 SR 80, #225	4.3 STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE FL	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE D	☐ Change ☒ Addition
NAME		5.2 NAME	Eric Blumel, MD
STREET ADDRESS		5.3 STREET ADDRESS	13005 S.R. 80 #225
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Loxahatchee, FL 33470
TITLE	☐ DELETE	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)(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: ____ 4/11/96 (407) 795-6921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)