

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 # **M21162** (6)

1. Corporation Name

DOCTORS' SCANNING ASSOCIATES, INC.



Principal Place of Business

**5000 UNIVERSITY DRIVE
CORAL GABLES FL 33146**

Mailing Address

**PO BOX 380546
BIRMINGHAM AL 35238
US**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

09/24/1985

3a. Date of Last Report

04/12/1995

4. FEI Number

59-2583195

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SO. PINE ISLAND RD.
PLANTATION FL 33324**

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
NAME
STREET ADDRESS
CITY - ST - ZIP

CD ☐ DELETE
SCRUSHY, RICHARD M.
TWO PERIMETER PARK S
BIRMINGHAM AL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P ☐ DELETE
BENNETT, JAMES P
2 PERIMETER PARK SO
BIRMINGHAM AL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VTD ☐ DELETE
BEAM, AARON, JR.
TWO PERIMETER PARK S
BIRMINGHAM AL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VSD ☐ DELETE
TANNER, ANTHONY J.
TWO PERIMETER PARK S
BIRMINGHAM AL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V ☐ DELETE
DEVANE, DENIS
2 PERIMETER PARK SO
BIRMINGHAM AL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP **35243**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP **35243**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP **35243**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP **35243**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **Michael D. Martin**
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP **35243**

6.1 TITLE ☒ Change ☒ Addition
6.2 NAME **V**
6.3 STREET ADDRESS **RICHARD E. BOTTS**
6.4 CITY - ST - ZIP **TWO PERIMETER PARK SOUTH**
BIRMINGHAM, AL 35243

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96

Date

(205) 967-7116

Daytime Phone #

CR2E034 (12/95)