

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90106 010 ****61.25

DOCUMENT # N03000005186

1. Entity Name

POSITIVE I.M.A.G.E.S., INC. OF TALLAHASSEE



Principal Place of Business

1700 JOE LOUIS ST.
#102
TALLAHASSEE FL 32304

Mailing Address

1700 JOE LOUIS ST.
#102
TALLAHASSEE FL 32304



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

16-1672240

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHAVIS, JOHNNIE M.
539 WEST GEORGIA STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name Valerie Jackson

Street Address (P.O. Box Number is Not Acceptable)
851 Golden Street

City Tallahassee

FL

Zip Code 32304

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Valerie Jackson

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/06

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **BARBER, CYNTHIA**
CITY-ST-ZIP **492 MEADOW RIDGE DR.
TALLAHASSEE FL 32312**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **TOMASI, TESS**
CITY-ST-ZIP **542 E, GEORGIA ST.
TALLAHASSEE FL 32301**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **MCCARTHY, GLADYS**
CITY-ST-ZIP **1446 CRAFT ST.
TALLAHASSEE FL 32305**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **BARNES, S. JEAN**
CITY-ST-ZIP **1304 PRESTON ST.
TALLAHASSEE FL 32304**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **GRAYSON, MARY FINANCI**
CITY-ST-ZIP **3105 GALLIMORE DR.
TALLAHASSEE FL 32305**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **BARNES, GLADYS ASST.**
CITY-ST-ZIP **P.O. BOX 13812
TALLAHASSEE FL 32317**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gladys Barnes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/29/06

Secretary/Physician #