

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N03823 (4)

1. Corporation Name

ST. MARY'S IMAGING CENTER, INC.



Principal Place of Business

Mailing Address

901 45TH STREET  
WEST PALM BEACH FL 33407  
US

901 45TH STREET  
WEST PALM BEACH FL 33407  
US

3. Date Incorporated or Qualified

06/21/1984

3a. Date of Last Report

05/01/1995

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

4. FEI Number

59-2445993

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

LARCOMBE, VALERIE GOODWIN  
901 45TH STREET  
WEST PALM BEACH FL 33407

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 617.0502 and 617.1508, 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 617.0503, 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	DELETE
	PD	FRENCH, MICHAEL	901 45TH STREET WEST PALM BEACH FL	<input type="checkbox"/>
	<del>ST</del>	<del>COMAS, M. VATOR-SISTER</del>	<del>901 45TH STREET WEST PALM BEACH FL 33407</del>	<input checked="" type="checkbox"/>
	<del>D</del>	<del>MURPHY, MARTIN</del>	<del>901 45TH STREET WEST PALM BEACH FL</del>	<input checked="" type="checkbox"/>
	<del>D</del>	<del>TURNLEY, FELICIA</del>	<del>901 45TH STREET WEST PALM BEACH FL</del>	<input type="checkbox"/>
	D	MUDANO, MARIO	901 45TH STREET WEST PALM BEACH FL 33407	<input checked="" type="checkbox"/>
	D	CNYDER, GAYLORD M.	901 45TH STREET WEST PALM BEACH FL 33407	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	CD	Martin Murphy		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE	SD	Valerie Goodwin Larcombe		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE	TD	Greg Gardner		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE		Phillip Dutcher		<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE		Phyllis Savill		<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.2 NAME					
6.3 STREET ADDRESS					
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-16-96

4076506223