

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

2. Principal Place of Business

21 901 45th Street

22 Suite, Apt. #, etc.

City & State

23 West Palm Beach, FL

Zip

24 33407

Country

25 Palm Beach

2a. Mailing Address

26 1309 N. Flagler Drive

27 Suite, Apt. #, etc.

City & State

28 West Palm Beach, FL

Zip

29 33401

Country

30 Palm Beach

9. Name and Address of Current Registered Agent

LARCOMBE, VALERIE G  
1309 N FLAGLER DR  
WEST PALM BEACH FL 33407

3. Date Incorporated or Qualified

06/21/1984

4. FEI Number

59-2445993

Applied For

Not Applicable

5. Certificate of Status Desired

☒ XX

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

Valerie G. Larcombe

82

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

83

1309 N. Flagler Drive

84

City

West Palm Beach

FL

85

Zip Code

33401

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

Valerie G. Larcombe

9/29/98

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☒ DELETE

NAME MURPHY, MARTIN

STREET ADDRESS 901 45TH STREET

CITY-ST-ZIP WEST PALM BEACH FL

TITLE S ☐ DELETE

NAME LARCOMBE, VALERIE GOODWI

STREET ADDRESS 901 45TH STREET

CITY-ST-ZIP WEST PALM BEACH FL

TITLE TD ☐ DELETE

NAME NASK, FRANK

STREET ADDRESS 901 45TH STREET

CITY-ST-ZIP WEST PALM BEACH FL

TITLE PD ☐ DELETE

NAME DUTCHER, PHILLIP

STREET ADDRESS 901 45TH STREET

CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CD ☐ Change ☒ Addition

1.2 NAME Thomas McCloskey

1.3 STREET ADDRESS 1309 No. Flagler Drive

1.4 CITY-ST-ZIP West Palm Beach, FL 33401

2.1 TITLE S ☒ Change ☐ Addition

2.2 NAME Valerie G. Larcombe

2.3 STREET ADDRESS 1309 No. Flagler Drive

2.4 CITY-ST-ZIP West Palm Beach, FL 33401

3.1 TITLE TD ☒ Change ☐ Addition

3.2 NAME Frank Nask

3.3 STREET ADDRESS 1309 No. Flagler Drive

3.4 CITY-ST-ZIP West Palm Beach, FL 33401

4.1 TITLE PD ☒ Change ☐ Addition

4.2 NAME Phillip C. Dutcher

4.3 STREET ADDRESS 1309 No. Flagler Drive

4.4 CITY-ST-ZIP West Palm Beach, FL 33401

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 118.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

Frank P. Nask  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SR V.P. FINANCE

9/29/98 561 650 6223

Date

Daytime Phone #

CR2E037 (5/98)

FILED  
Oct 07 1998 8:00am  
Secretary of State

