

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAR -1 PM 2: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N11706 (1)

1. Corporation Name

B.R.C.H. IMAGING, INC.

Principal Place of Business

Mailing Address

% BOCA RATON COMMUNITY HOSPITAL, INC.
800 MEADOWS RD
BOCA RATON FL 33486

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800 MEADOWS RD
BOCA RATON FL 33486

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/23/1985

3a. Date of Last Report

02/02/1994

4. FEI Number

59-2665563

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**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suits, Apt. #, etc.

25 Suits, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCGIBANY, SUSIE
% BOCA RATON COMMUNITY HOSPITAL, INC.
800 MEADOWS RD
BOCA RATON FL 33486

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	BLUM, PETER
STREET ADDRESS	745 MEADOWS RD.
CITY-ST-ZIP	BOCA RATON FL
TITLE	PD
NAME	WEST, D. NATHANIEL
STREET ADDRESS	745 MEADOWS RD.
CITY-ST-ZIP	BOCA RATON FL
TITLE	VTD
NAME	MCGIBANY, SUSIE
STREET ADDRESS	745 MEADOWS RD.
CITY-ST-ZIP	BOCA RATON FL
TITLE	DVS
NAME	PIERCE, RANDY
STREET ADDRESS	745 MEADOWS RD.
CITY-ST-ZIP	BOCA RATON FL
TITLE	AS
NAME	GOTZEIT, VONNIE LOU
STREET ADDRESS	745 MEADOWS RD.
CITY-ST-ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
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 110.07(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:

Susie McGibany
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-95

407-393-4080

(Date)

(Telephone Number)