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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Apr 23 1996 8:00 am  
Secretary of State

DOCUMENT # N11706 (1)

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

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

3. Date Incorporated or Qualified  
10/23/1985

3a. Date of Last Report  
03/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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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

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

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 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 D BLUM, PETER ☒ DELETE  
NAME  
STREET ADDRESS 745 MEADOWS RD.  
CITY-ST-ZIP BOCA RATON FL

TITLE PD WEST, D. NATHANIEL ☒ DELETE  
NAME  
STREET ADDRESS 745 MEADOWS RD.  
CITY-ST-ZIP BOCA RATON FL

TITLE VTD MCGIBANY, SUSIE ☒ DELETE  
NAME  
STREET ADDRESS 745 MEADOWS RD.  
CITY-ST-ZIP BOCA RATON FL

TITLE DVS PIERCE, RANDY ☐ DELETE  
NAME  
STREET ADDRESS 745 MEADOWS RD.  
CITY-ST-ZIP BOCA RATON FL

TITLE AS GOTZEIT, VONNIE LOU ☒ DELETE  
NAME  
STREET ADDRESS 745 MEADOWS RD.  
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C/D ☐ Change ☒ Addition  
1.2 NAME Ray C. Osborne  
1.3 STREET ADDRESS P.O. Drawer 40 N/A  
1.4 CITY-ST-ZIP Boca Raton, FL 33429

2.1 TITLE VC/D ☐ Change ☒ Addition  
2.2 NAME A.E. Osborne  
2.3 STREET ADDRESS 3083 N.W. 30th Way  
2.4 CITY-ST-ZIP Boca Raton, FL 33431

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

4.1 TITLE P/S/D ☒ Change ☐ Addition  
4.2 NAME Randy Pierce  
4.3 STREET ADDRESS 745 Meadows Road  
4.4 CITY-ST-ZIP Boca Raton, FL 33486

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 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: Randolph J. Pierce

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/96  
Date

407-393-4030  
Daytime Phone

50-21-23-96

CR2E037 (12/95)