

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

APPROVED AND FILED

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # N31971 (7)
 1. Corporation Name
AMERICAN ACADEMY OF MEDICAL INFRARED IMAGING, INC.

Principal Place of Business Mailing Address
3728 PHILLIPS HWY #31 JACKSONVILLE FL 32207
3728 PHILLIPS HWY #31 JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified **04/27/1989** 3a. Date of Last Report **04/29/1994**
 4. FEI Number **NOT APPLICABLE** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 28 Zip Country 29 Country 30 Country
 24 25 26 27 28 29 30

9. Name and Address of Current Registered Agent
AKEL, EDWARD C.
2301 INDEPENDENT SQUARE
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when registering) (DATE)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOBBS, WILLIAM B.
STREET ADDRESS	5510 MEDICAL CENTER
CITY - ST - ZIP	MADISON WI
TITLE	STD
NAME	GREEN, JACOB
STREET ADDRESS	3728 PHILLIPS HWY #31
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	VD
NAME	FILNER, BERNARD
STREET ADDRESS	9711 MED CEN DE., #112
CITY - ST - ZIP	GLENDAL CA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.073(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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: _____ **Jacob Green, M.D., P.A.** 5-4-95 904-396-0107
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Type in Print)