

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



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

3. Date Incorporated or Qualified: **04/27/1989**  
 3a. Date of Last Report: **05/01/1995**  
 4. FEI Number: **NOT APPLICABLE**  
 Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21**  
 2a. Mailing Address: **28**  
 Suite, Apt. #, etc.: **22**  
 City & State: **23**  
 Zip: **24** Country: **25**  
 Suite, Apt. #, etc.: **27**  
 City & State: **28**  
 Zip: **29** Country: **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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>HOBBS, WILLIAM B.</b>	
STREET ADDRESS	<b>5510 MEDICAL CENTER</b>	
CITY-ST-ZIP	<b>MADISON WI</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>GREEN, JACOB</b>	
STREET ADDRESS	<b>3728 PHILLIPS HWY #31</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>FILNER, BERNARD</b>	
STREET ADDRESS	<b>9711 MED CEN DE., #112</b>	
CITY-ST-ZIP	<b>GLENDAL CA</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: \_\_\_\_\_ **SIGNATURE REQUIRED** \_\_\_\_\_ Date: **6/7/96** Daytime Phone # \_\_\_\_\_

CR2E037 (3/96)