2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with

May 08, 2002 8:00 am Secretary of State P01000055616 DOCUMENT # 1. Entity Name 05-08-2002 90138 040 ***158.75 ONSITE IMAGING, INC. Principal Place of Business Mailing Address 6343 NORTHWEST 62ND TERRACE 6343 NORTHWEST 62ND TERRACE PARKLAND FL 33067 PARKLAND FL 33067 2. Principal Place of Business _Mailing Address 7690 BENGER WA . 6. Bex 970752 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 1109870 Cocost Ga 65sca Ross Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired UTA Fee Required $\alpha \alpha$ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **CORAL GABLES FL 33134** Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD Secretary **□** Addition TITLE TITLE ☐ Delete C. HUNTER NEYMOLDY reynolds, C. Hunter NAME NAME 6343 NORTHWEST 6002 FORCE STREET ADDRESS 6343 NORTHWEST 62ND TERRACE STREET ADDRESS 33017 Parkland FL 33067 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE SVD TITLE NAME Dieter, Jason W NAME STREET ADDRESS 6343 NORTHWEST 62ND TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Parkland FL 33067 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED