


FILE NOW: FILING FEE IS \$61.25

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<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1996</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P24969** (8)

1. Corporation Name  
**HEALTH IMAGES, INC.**



Principal Place of Business <b>8601 DUNWOODY PLACE BLDG 200 ATLANTA GA 30350-2519 US</b>	Mailing Address <b>8601 DUNWOODY PLACE BLDG 200 ATLANTA GA 30350-2519 US</b>
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3. Date Incorporated or Qualified <b>06/29/1989</b>	3a. Date of Last Report <b>05/04/1995</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number <b>58-1485618</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	<b>7880001795647 -04/26/96--01020--027</b>
84 City	<b>***200.00 FL 85 Zip Code</b>

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CARL, ROBERT D., III</b>	1.2 NAME	
STREET ADDRESS	<b>8601 DUNWOODY PL., STE200</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>Delete</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILSON, WILLIS A</b>	2.2 NAME	<b>Delete</b>
STREET ADDRESS	<b>8601 DUNWOODY PLACE, BLDG 200</b>	2.3 STREET ADDRESS	<b>Delete</b>
CITY-ST-ZIP	<b>ATLANTA GA</b>	2.4 CITY-ST-ZIP	<b>Delete</b>
TITLE	<b>SV</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MURRAY, ROBIN E</b>	3.2 NAME	
STREET ADDRESS	<b>8601 DUNWOODY PL., STE200</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ATLANTA GA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>Delete</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GELHARD, JAMES P.</b>	4.2 NAME	<b>Delete</b>
STREET ADDRESS	<b>742 BARRHOLLY DRIVE</b>	4.3 STREET ADDRESS	<b>Delete</b>
CITY-ST-ZIP	<b>LANCASTER PA</b>	4.4 CITY-ST-ZIP	<b>Delete</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHITESSELL, WILLIAM E.</b>	5.2 NAME	
STREET ADDRESS	<b>580 N. SCHOOL LANE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LANCASTER PA</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>V, D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>Anthony Prescott</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>8601 Dunwoody Pl. Bldg 200</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>Atlanta, GA 30350</b>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Handwritten signature*

4-16-96 587-5084

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4-25-96 JP

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HEALTH IMAGES, INC.  
DECEMBER, 1995

**OFFICERS**

✓ ROBERT D. CARL, III	PRESIDENT / CHAIRMAN CHIEF EXECUTIVE OFFICER	8601 DUNWOODY PLACE ATLANTA, GA 30350
✓ ANTHONY T. PRESCOTT	SR. EXECUTIVE VICE PRESIDENT CHIEF OPERATING OFFICER	8601 DUNWOODY PLACE ATLANTA, GA 30350
MICHAEL R. SCOTT	EXECUTIVE VICE PRESIDENT	8601 DUNWOODY PLACE ATLANTA, GA 30350
SANDRA K. BRUM	EXECUTIVE VICE PRESIDENT	8601 DUNWOODY PLACE ATLANTA, GA 30350
✓ ROBIN EUBANKS MURRAY	VICE PRESIDENT, SECRETARY, & GENERAL COUNSEL	8601 DUNWOODY PLACE ATLANTA, GA 30350
RICHARD J. KAMPA	VICE PRESIDENT	8601 DUNWOODY PLACE ATLANTA, GA 30350
RONNIE L. CLARK	TREASURER & CONTROLLER	8601 DUNWOODY PLACE ATLANTA, GA 30350

**BOARD OF DIRECTORS**

ROBERT D. CARL, III	CHAIRMAN	8601 DUNWOODY PLACE ATLANTA, GA 30350
✓ ANTHONY T. PRESCOTT	DIRECTOR	8601 DUNWOODY PLACE ATLANTA, GA 30350
✓ WILLIAM WHITESEL, PH. D.	DIRECTOR	580 NORTH SCHOOL LANE LANCASTER, PA 17603
MARC RAPHAELSON, M. D.	DIRECTOR	801 TOLL HOUSE AVE., BLDG. H - 6 FREDERICK, MD 21701
JACK O. GREENBERG, M.D.	DIRECTOR	283 LOCUST STREET PHILADELPHIA, PA 19106
ROBERT L. TAYLOR	DIRECTOR	ISOLYSER, INC. 4320 INTERNATIONAL BLVD. NORCROSS, GA 30093
STUART B. STRASNER, SR.	DIRECTOR	2532 N W 60TH STREET OKLAHOMA CITY, OK. 73112