FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 27 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P39428 (8)

1. Corporation Name
CHASE PORTABLE X-RAY, INC.

Principal Place of Business
2750 SW 37TH AVE
MIAMI FL 33133
US

Mailing Address
7855 IVANHOE AVE
SUITE 200
LA JOLLA CA 92307
US

3. Date Incorporated or Qualified: 06/26/1992
3a. Date of Last Report: 04/05/1994
4. FEI Number: 95-3268980 ☐ 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

2. Principal Place of Business
21 10065 Red Run Blvd.
22 Suite, Apt #, etc.
23 City & State: Owings Mills, MD
24 Zip: 21117
25 Country: USA

2a. Mailing Address
26 10065 Red Run Blvd.
27 Suite, Apt #, etc.
28 City & State: Owings Mills, MD
29 Zip: 21117
30 Country: USA

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name: CT Corporation System
82 Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Rd
83
84 City: Plantation FL
85 Zip Code: 33324

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 [signature] Asst Sec   4-18-95
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	~~D~~	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	~~CHASE, LARRY R.~~	1.2 NAME	Lawrence P. Curka
STREET ADDRESS	~~7855 IVANHOE AVE, STE. 200~~	1.3 STREET ADDRESS	10065 Red Run Blvd.
CITY ST ZIP	~~LA JOLLA CA~~	1.4 CITY ST ZIP	Owings Mills, MD 21117
TITLE	~~EVP~~	2.1 TITLE	V ☒ Change ☐ Addition
NAME	~~HAUSER, RICHARD~~	2.2 NAME	Dennis A. Cahill
STREET ADDRESS	~~7855 IVANHOE AVE., STE. 200~~	2.3 STREET ADDRESS	10065 Red Run Blvd,
CITY ST ZIP	~~LA JOLLA CA~~	2.4 CITY ST ZIP	Owings Mills, MD 21117
TITLE	~~PD~~	3.1 TITLE	SD ☒ Change ☐ Addition
NAME	~~COOPER, THOMAS P., M.D.~~	3.2 NAME	Marc B. Levin
STREET ADDRESS	~~7855 IVANHOE AVE., STE. 200~~	3.3 STREET ADDRESS	10065 Red Run Blvd,
CITY ST ZIP	~~LA JOLLA CA~~	3.4 CITY ST ZIP	Owings Mills, MD 21117
TITLE	VS	4.1 TITLE	V ☒ Change ☐ Addition
NAME	~~QUACKENBUSH, DONALD J~~	4.2 NAME	Taylor Pickett
STREET ADDRESS	~~7855 IVANHOE AVE., STE. 200~~	4.3 STREET ADDRESS	10065 Red Run Blvd,
CITY ST ZIP	~~LA JOLLA CA~~	4.4 CITY ST ZIP	Owings Mills, MD 21117
TITLE	~~AS~~	5.1 TITLE	VD ☒ Change ☐ Addition
NAME	~~EISENBERG, HARVEY M.~~	5.2 NAME	Marshall A. Elkins
STREET ADDRESS	~~655 15TH ST., N.W.~~	5.3 STREET ADDRESS	10065 Red Run Blvd
CITY ST ZIP	~~WASHINGTON DC~~	5.4 CITY ST ZIP	Owings Mills, MD 21117
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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 the 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Taylor Pickett 2/28/95 (410) 998-8745
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0401710 FP