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FILED

Mar 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000007105 (8)

1. Corporation Name

GLOBAL MEDICAL IMAGING, INC.



Principal Place of Business

1640 WALLACE ROAD
LUTZ FL 33549
US

Mailing Address

1640 WALLACE ROAD
LUTZ FL 33549-3933
US

3. Date Incorporated or Qualified

01/25/1993

3a. Date of Last Report

04/18/1996

2. Principal Place of Business

21 1640 WALLACE RD

2a. Mailing Address

26 1640 WALLACE RD

4. FEI Number

59-3164861

Applied

Not App

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additl
Fee Require

City & State

23 LUTZ, FL

City & State

28 LUTZ, FL

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Zip

Country

24 33549

25 U.S.A.

Zip

Country

29 33549

30 U.S.A.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

NARAYANAN, SAMMY
1640 WALLACE ROAD
LUTZ FL 33549

10. Name and Address of New Registered Agent

81 Name

SAMMY NARAYANAN

82 Street Address (P.O. Box Number is Not Acceptable)

83 1640 WALLACE RD

84 City

LUTZ

FL

85 Zip Code

33549

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

P. Narayanan

3-12-97

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE ☐ DELETE

NAME PD
NARAYANAN, SAMMY
STREET ADDRESS 2065 WEST ALAMEDA DRIVE
CITY-ST-ZIP SPRING HILL FL 34609

12 TITLE ☐ DELETE

NAME ST
NARAYANAN, ROOPDAI
STREET ADDRESS 2065 WEST ALAMEDA DRIVE
CITY-ST-ZIP SPRING HILL FL 34609

13 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

14 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

15 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

16 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

☐ Change

☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

☐ Change

☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

☐ Change

☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

☐ Change

☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

☐ Change

☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

☐ Change

☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do 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 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:

P. Narayanan

POONSAMMY NARAYANAN 3-12-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0346576

CR2E034 (9/96)