

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 18 1996 8:00am
Secretary of State

DOCUMENT # P93000007105 (8)

1. Corporation Name

GLOBAL MEDICAL IMAGING, INC.



Principal Place of Business

2065 WEST ALAMEDA DRIVE
SPRING HILL FL 34609

Mailing Address

2065 WEST ALAMEDA DRIVE
SPRING HILL FL 34609

3. Date Incorporated or Qualified

01/25/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21 1640 WALLACE RD

2a. Mailing Address

26 1640 WALLACE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 LUTZ, FL

27 City & State

28 LUTZ, FL 33549

Zip

Country

24 33549

25 HILLSBOROUGH

Zip

Country

29 33549

30 HILLSBOROUGH

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NARAYANAN, SAMMY
2065 W. ALAMEDA DR
SPRING HILL FL 34609

81 Name

SAMMY NARAYANAN

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

1640 WALLACE RD.

83

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

POONSAMMY NARAYANAN

4-12-96

Signature, typed or printed name of registered agent, and title if applicable.

NOTE: Registered Agent signature required when reinstating.

DATE

12. OFFICERS AND DIRECTORS

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

DELETE

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

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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 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 4/12/96 (813) 948-8704

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)