## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

2941 OHIO STREET

**PROFIT CORPORATION** ANNUAL REPORT

1998

Principal Place of Business

2941 OHIO STREET



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000014641 (3) DOCUMENT #

AMERICAN HEART SCAN, INC.

MELBOURNE FL 32904 MELBOURNE FL 32904 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>02/26/1993</u> 2. Principal Place of Business 2s. Mailing Address 4. FEI Number Applied For 21 59-3160298 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zid Country Žφ Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DUBOIS, DALE 2941 OHIO STREET Street Address (P.O. Box Number is Not Acceptable) MELBOURNE FL 32904 83 84 Zip Code 11. Pursuant to the provisions of Sections 697.0502 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, typod or printed name of neg stered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition **DUBOIS, DALE** NAME 1.2 NAME 2941 OHIO STREET STREET ADDRESS 1.3 STREET ADDRESS MELBOURNE FL 32904 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE Change 21 TITLE Addition LANE, NICHOLAS E NAME 2.2 NAME **238 TREU TERR. NW** STREET ADDRESS 23 STREET ADDRESS PALM BAY FL 32907 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 31 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- 2IP DELETE TITLE 4.1 TITLE ☐ Change Addition 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-S1-ZIP DELETE TITLE Change 5.1 TO LE Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP

14. 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 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY - ST- ZIP

6.1 TITLE

6.2 NAME

TITLE

NAME

STREET ADDRESS

DELETE

Change

Addition

**FILED** 

May 05 1998 8:00am

Secretary of State