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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P93000025030 (6)

ARDEN HILL IMAGING, INC.				
Innuipal Place of Business	Mailing Address		-{	(BOILD BEJON INDOL OLDER WARM ITHE ABER INTE
12806 SHARP SHINED RD ORLANDO FL 32837 US	% Dr. M.H.A. QAZI 12806 SHARP SHINED RE ORLANDO FL 32837 US	12806 SHARP SHINED RD ORLANDO FL 32837		3a. Date of Last Report
	•		04/05/1993	09/22/1995
. Principal Place of Business	2a. Mailing Address	100001	4. FEI Number	Applied For
6388 SilverStor K		690986	59-3190547	Not Applicable
Suite, Apt #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State FC.	City & State 28 Orlando	FC	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Orlando FC	7φ 29 32896-09863	Country 0 U · 5 · A	8. This corporation has liability for Florida Statutes Yes	intangible tax under s 199.032, ☐ No
9. Name and Address of C			10. Name and Address of New F	legistered Agent
		81 Name		
M.H. QAZI MD		82 Street Addre	ess (P.O. Box Number is Not Acceptab	ole)
12806 SHARP SHINED ROAD	009 Gireat Heron	Ge		
ORLANDO FL 32837 3283	3.6	83		
		84 City		FL 85 Zip Code
 Pursuant to the provisions of Sections 607 or registered agent, or both, in the State of familiar with, and accept the obligations of 	of Florida. Such change was authorized t	the above-named corpora by the corporation's boar	ation submits this statement for the pu d of directors. I hereby accept the app	rpose of changing its registered office ointment as registered agent. I am
	, codini do lobos, landa distato.			
SIGNATURE Signature, typed or princed rights of registers	ed agent and title if applicable (NOTE: I	Registered Agont signaturo requirec		DATE
12. OFFICEF	IS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
ITLE D	[] DELETE	1 1 THLE		☐ Change ☐ Addition
IAME QAZI, MHA 9009	GREAT HERON CR	1 2 NAME		
STAR-FO	-SUITE 1A	1.3 STREET ADDRESS		
ORLANDO FL	E COLUM	1.4 CITY-ST-ZIP		Change C Addition
D1.F	☐ DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME		2 2 NAME		
STREET ADDRASS		2 3 STREET ADDRESS		
(HY-S1-20)	FD DELTE	2 4 CITY - ST - ZIP		Change Addition
TILF	[]] DELETE	3 1 THILE		Change C Addition
NAME:		3 2 NAME		
STREET ADDRESS		3.3. STREET ADDRESS		
CPY-ST-ZIP	☐ DELETE	3.4 CITY · S1 - ZIP 4. 1 T(1LE		☐ Change ☐ Addition
III LE	[42 NAME		5
NAME		4 3 STREET ADDRESS		
STREET ADDRESS		4.4 City-St-ZiF		
CHY-SI ZHY	T DELEIE	5 1 TITLE		Change Addition
NAME	Emil 177	5.2 NAME		
STRET ADDRESS		5 3 STREET ADDRESS		
		54 CITY - ST - ZIP		
C(1 × S1 - Z(P) T(1), F	DELETE	6 1 TITLE		Change Addition
NAME	-	6.2 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CHY-SI-ZIE		6 4 CITY - ST - 2IP		
14. I do hereby certify that the information sur	pplied with this filing is voluntarily furnish	ed and does not qualify f	or the exemption stated in Section 119	3.07(3)(k), Florida Statutes. I further a same legal effect as if made under

centry that the information indicated on this annual report or supplemental annual report is true and accurate and trial my signature shall have the same legal effect as it made under eath, 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 13 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEN OR DIRECTOR

M.H. GALIMD 1-98-96

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