

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000044684 (7)

1. Corporation Name

ADVANCED IMAGING SERVICES, INC.

Principal Place of Business

5931 BRICK COURT
STE. 110
WINTER PARK FL 32793

Mailing Address

5931 BRICK COURT
STE. 110
WINTER PARK FL 32793

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/21/1993

3a. Date of Last Report

09/30/1994

4. FEI Number

59-3194797

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

Suite, Apt. #, etc.

22 150

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

PRZECIAWSKI, JEAN-MARIE
5931 BRICK COURT
STE. 110
WINTER PARK FL 32793

10. Name and Address of New Registered Agent

81 Name

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

83

SUITE 150.

84

City

FL

85 Zip Code

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 of officer or director of corporation and the registered agent

(NOTE: Registered Agent signature required when reinstating)

4-29-95

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME PRZECIAWSKI, JEAN-MARIE
STREET ADDRESS 5931 BRICK COURT STE. 110
CITY - ST - ZIP WINTER PARK FL 32793

TITLE D
NAME HOLT, WAYNE
STREET ADDRESS 8430 SHADY GLEN DRIVE
CITY - ST - ZIP ORLANDO FL 32819

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE ☐ Change ☐ Addition
1 2 NAME
1 3 STREET ADDRESS
1 4 CITY - ST - ZIP

2 1 TITLE ☐ Change ☐ Addition
2 2 NAME
2 3 STREET ADDRESS
2 4 CITY - ST - ZIP

3 1 TITLE ☐ Change ☐ Addition
3 2 NAME
3 3 STREET ADDRESS
3 4 CITY - ST - ZIP

4 1 TITLE ☐ Change ☐ Addition
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY - ST - ZIP

5 1 TITLE ☐ Change ☐ Addition
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY - ST - ZIP

6 1 TITLE ☐ Change ☐ Addition
6 2 NAME
6 3 STREET ADDRESS
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 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:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-95

407 677 5518

Date

Telephone Number