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FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90147 014 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000048790

1. Corporation Name

COLLIER IMAGING SERVICES, INC.

Principal Place of Business

681 GOODLETTE ROAD N.
SUITE 120
NAPLES FL 34102

Mailing Address

681 GOODLETTE ROAD N
SUITE 120
NAPLES FL 34102

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/12/1993

4. FEI Number

65-0426159

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 4450 Camino Real Way

2a. Mailing Address

26 4450 Camino Real Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Ft. Myers, FL

24 33912 25 Lee

27 City & State

28 Ft. Myers, FL

29 33912 30 Lee

9. Name and Address of Current Registered Agent

LUCAS, ELAINE
3411 TAMiami TRAIL NORTH
SUITE 204
NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name

ELAINE LUCAS

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

3363 Tamiami Trail North

83

84 City

Naples

FL

85 Zip Code

34103

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

Elaine Lucas

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

(NOT E-Registered Agent signature required when reinstating)

4-15-99

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME WALKER, THOMAS G
STREET ADDRESS 681 GOODLETTE ROAD N., SUITE 120
CITY-ST-ZIP NAPLES FL 34102

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D
THOMAS G. WALKER
4450 Camino Real Way
Ft. Myers, FL 33912

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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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, with all other like empowered.

SIGNATURE:

Thomas G. Walker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99 941-285994

Date

Daytime Phone #

CR2E034 (11/98)