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APPROVED AND FILED

MAY 1 1995 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
SANDRA B. MURPHY
Secretary of State
TALLAHASSEE, FLORIDA 32399-0001

DOCUMENT # P94000003926 (0)

1. Corporation Name
HOMESTEAD IMAGING SERVICES, INC.

Principal Place of Business: **10324 SW 89TH COURT MIAMI FL 33176**

Mailing Address: **10324 SW 89TH COURT MIAMI FL 33176**

2. Principal Place of Business: **21**

2a. Mailing Address: **26**

State Apt # etc: **22**

State Apt # etc: **27**

City & State: **23**

City & State: **28**

Zip: **24**

Country: **25**

Zip: **29**

Country: **30**

3. Date of Incorporation or Qualification: **01/18/1994**

3a. Date of Last Report: _____

4. FBI Number: **65-0465413**

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**

6. This corporation has liability for intangible tax under § 196.037 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**CAPITAL CONNECTION, INC.
417 E. VIRGINIA STREET
SUITE 1
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name: _____

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

83. _____

84. City: _____

85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0902 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 607.0905, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (IN 12)	
TITLE: D/P	NAME: JORDAN, MALIVA MD	11. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 10324 SW 89TH COURT	CITY, ST, ZIP: MIAMI FL 33176	12. NAME: _____	
TITLE: D/S	NAME: SALZBERG, GEORGE MD	13. STREET ADDRESS: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 10324 SW 89TH COURT	CITY, ST, ZIP: MIAMI FL 33176	14. CITY, ST, ZIP: _____	
TITLE: _____	NAME: _____	15. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY, ST, ZIP: _____	16. STREET ADDRESS: _____	
TITLE: _____	NAME: _____	17. CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY, ST, ZIP: _____	18. NAME: _____	
TITLE: _____	NAME: _____	19. STREET ADDRESS: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY, ST, ZIP: _____	20. CITY, ST, ZIP: _____	
TITLE: _____	NAME: _____	21. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY, ST, ZIP: _____	22. NAME: _____	
TITLE: _____	NAME: _____	23. STREET ADDRESS: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY, ST, ZIP: _____	24. 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 Sections 119.071, 119.072, 119.073, 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 liquidator thereof to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of this form, or on an attachment with an address.

SIGNATURE: *[Signature]* **3-15-95**

DATE: **305273-8687**