

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUN 14 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000021708 (0)

1. Corporation Name

FLORIDA IMAGING NETWORK, INC.

Principal Place of Business

300 5TH AVENUE SOUTH
SUITE 20
NAPLES FL 33940

Mailing Address

300 5TH AVENUE SOUTH
SUITE 20
NAPLES FL 33940

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/17/1994

3a. Date of Last Report

2. Principal Place of Business

21 101 E. Kennedy Blvd.

2a. Mailing Address

26 101 E. Kennedy Blvd.

4. FEI Number

592666659

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 TAMPA, FL

City & State

28 TAMPA, FL

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Zip

24 33602

Country

25 USA

Zip

29 33602

Country

30 USA

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

STRONG, J. MARK
300 5TH AVENUE SOUTH
SUITE 20
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name

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

101 E. Kennedy Blvd., Suite 1010

83

84 City

TAMPA

FL

85 Zip Code

33602

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, typed or printed name of registered agent and firm if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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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

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

DD
Strong, J. Mark
1650 Mullet Ct.
NAPLES, FL 33962

DSV
Garrison, Sandra
1460 Sunset Dr.
Winterpark, FL 32789

D
Cooke, James, M.D.
991 Somerset Dr.
Atlantic, GA 30327

D
Acee Thomas
132 1/2 10th Avenue N.
Safety Harbor, FL 34095

8/7/10

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 110.07(3)(b), 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 checked on an attachment with an address.

SIGNATURE:

OR PRINT NAME AND TYPE OR PRINT NAME OF REGISTERED AGENT OR DIRECTOR

JOHN MARK STRONG

5-15-95

813-434-2236

Date

Telephone #