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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 23 PM 4:15

DOCUMENT # P94000048434 (2)

1. AMERICARE IMAGING CENTER, INC.

Principal Place of Business	Mailing Address
~~14502 NO. DALE MABRY HIGHWAY STE. 309~~ TAMPA FL ~~33618-2072~~	~~14502 NO. DALE MABRY HIGHWAY STE. 309~~ TAMPA FL ~~33618-2072~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/27/1994
3a. Date of Last Report: 6/27/94

2. Principal Place of Business
21: 8011 N. Himes AVE
22: Suite, Apt. #, etc.:
23: City & State: Tampa FL
24: 33614
25: Country: Hillsborough

2a. Mailing Address
26: 8011 N. Himes AVE
27: Suite, Apt. #, etc.:
28: City & State: Tampa, FL
29: Zip: 33614
30: Country: Hillsborough

4. FEI Number: 59-3251727
☐ 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

9. Name and Address of Current Registered Agent

LYONS, GERARD A
~~14502 NO. DALE MABRY HIGHWAY STE. 308~~
TAMPA FL ~~33618-2072~~

10. Name and Address of New Registered Agent

81 Name: Lyons, Gerard A.
82 Street Address (P.O. Box Number is Not Acceptable): 8011 N. Himes AVE
83:
84 City: Tampa FL 85 Zip Code: 33614

11. Pursuant to the provisions of Section 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: _____ (NOTE: Registered Agent's signature required when reinstated) DATE: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1 TITLE: PD	1 TITLE ☐ Change ☐ Addition
1 NAME: LYONS, GERARD A	1 2 NAME
1 STREET ADDRESS: ~~14502 NO. DALE MABRY HIGHWAY STE. 308~~	1 3 STREET ADDRESS
1 CITY-ST-ZIP: TAMPA FL ~~33618-2072~~ 33614	1 4 CITY-ST-ZIP
2 TITLE	2 1 TITLE ☐ Change ☐ Addition
2 NAME	2 2 NAME
2 STREET ADDRESS	2 3 STREET ADDRESS
2 CITY-ST-ZIP	2 4 CITY-ST-ZIP
3 TITLE	3 1 TITLE ☐ Change ☐ Addition
3 NAME	3 2 NAME
3 STREET ADDRESS	3 3 STREET ADDRESS
3 CITY-ST-ZIP	3 4 CITY-ST-ZIP
4 TITLE	4 1 TITLE ☐ Change ☐ Addition
4 NAME	4 2 NAME
4 STREET ADDRESS	4 3 STREET ADDRESS
4 CITY-ST-ZIP	4 4 CITY-ST-ZIP
5 TITLE	5 1 TITLE ☐ Change ☐ Addition
5 NAME	5 2 NAME
5 STREET ADDRESS	5 3 STREET ADDRESS
5 CITY-ST-ZIP	5 4 CITY-ST-ZIP
6 TITLE	6 1 TITLE ☐ Change ☐ Addition
6 NAME	6 2 NAME
6 STREET ADDRESS	6 3 STREET ADDRESS
6 CITY-ST-ZIP	6 4 CITY-ST-ZIP

14. To the best of my knowledge, the information supplied with this form is voluntarily furnished and 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 13 with an address.

SIGNATURE: _____ 2/22/95 813-933-4305
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER

03D00061 GP