FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000055967 (1)**

1. Corporation Name
DIAGNOSTIC INTERPRETATION SERVICES, INC.

REMITTED BY MAY 1
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~472 MAYFAIR CIRCLE~~ ~~ORLANDO FL 32803~~	~~472 MAYFAIR CIRCLE~~ ~~ORLANDO FL 32803~~
411 E. Jackson #101 ORL FL 32801	Same

3. Date Incorporated or Qualified: 07/27/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 ~~1842 Ivanhoe Rd~~	26 ~~1842 Ivanhoe Rd~~
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 Orlando, FL	28 Orlando, FL
24 ~~32804-5968~~	25 Orange
29 ~~32804-5968~~	30 Orange

4. FEI Number: 59-3258387 ☐ 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

7. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
L'HOMMEDIEU, MARK ~~472 MAYFAIR CIRCLE~~ ~~ORLANDO FL 32803~~	81 Name: Mark L'Hommedieu 82 Street Address (P.O. Box Number is Not Acceptable): ~~1842 Ivanhoe Rd~~ 411 E. Jackson St 83 ~~#~~ 101 84 City: Orlando, FL **FL** 85 Zip Code: 32801 ~~-5968~~

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] 4/28/95
(Either Typed or Printed Name of Registered Agent and the Address) (If Other Than Registered Agent, Signature of Registered Agent Required) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD L' HOMMEDIEU, MARK ~~472 MAYFAIR CIRCLE~~ ~~ORLANDO FL 32803~~ Changed this Old too	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☒ Change ☐ Addition 1842 Ivanhoe Rd Orlando, FL ~~32804-5968~~
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	New L	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☒ Change ☐ Addition 411 E Jackson St. Ste 101 ORL FL 32801
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition

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)(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.

SIGNATURE: [signature] 5/11/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

0084102 CP