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

**PROFIT CORPORATION** ANNUAL REPORT



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

	1996	DIVISION OF		<u> </u>	
DOCUMENT # P9400062494 (7) 1. Corporation Name COMPREHENSIVE IMAGING, INC.					
Principal Place	of Business	Mailing Address	·		
3970 W. FLA		3970 W. FLAGLER			
SUITE 102 MIAMI FL 33134		SUITE 102			
MIMMI PL 33	1134	MIAMI FL 33134		3. Date Incorporated or Qualified	3a. Date of Last Report
0 Diam'r 10				08/19/1994	04/11/1995
z. Priricipa: Pi.	ace of Business	2a. Mailing Address		4. FEI Number 65-05 16287	Applied For
Suite Apt.	#, etc.	Suite, Apt. #, etc.			Not Applicable  \$8.75 Additional
2		27		5. Certificate of Status Desired	Fee Required
City & State	•	Gity & State		6. Election Campaign Financing	□ \$5.00 May Be
Zip	Country	<b>28</b>	Country	Trust Fund Contribution	Added to Fees
4	25	29	30	B. This corporation has liability for it     Florida Statutes     Yes	ntangible tax under s. 199.032, 
	9. Name and Address of Cu	rrent Registered Agent		10. Name and Address of New R	egistered Agent
CADDO	NELL OCCAD		81 Name		
	NELL, OSCAR W. 94TH CT.		82 Street Add	dress (P.O. Box Number is Not Acceptab	le)
	L 33173		B3		
	2 00 17 0		1551		
			84 City		EI 85 Zip Code
11. Pursuant t	o the provisions of Sections 607.0 ed agent, or both, in the State of F	0502 and 607.1508, Florida Statute Florida Such change was authorize	and the above and and	oration submits this statement for the pure	FL
familiar wit	o the provisions of Sections 607.0 ed agent, or both, in the State of F h, and accept the obligations of, S	0502 and 607.1508, Florida Statute Florida Such change was authorize Section 607.0505, Florida Statutes	and the above and and	oration submits this statement for the pur and of directors. Thereby accept the appo	<u>FL                                     </u>
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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 Brock 12 or Brock 13 if changed, or on an attachment with an address.

GNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Dispose Program.

SIGNATURE: