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ANNUAL REPORT
1995

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 28 PM 4:15

DOCUMENT # P94000077272 (0)

1. Corporate Name
MERCY IMAGING GROUP, INC.

Principal Place of Business
6619 S. DIXIE HIGHWAY
SUITE 208
MIAMI FL 33143

Mailing Address
6619 S. DIXIE HIGHWAY
SUITE 208
MIAMI FL 33143

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/19/1994
3a. Date of Last Report:

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
City — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 65-0534493 — Applied For / Not Applicable

5. Certificate of Status Desired: X — $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. 199.0.v. Florida Statutes: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
~~CALAS, ARMANDO L~~
~~6800 S.W. 40TH STREET~~
~~APARTMENT #389~~
~~MIAMI FL 33155~~

Sandra Martinez
6619 S. DIXIE HWY.
SUITE 208
MIAMI, FL 33143

10. Name and Address of New Registered Agent
81 Name: SANDRA MARTINEZ
82 Street Address (P.O. Box Number is not acceptable): 6619 S. DIXIE HWY.
83 SUITE 208
84 City: MIAMI FL 85 Zip Code: 33143

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Sandra Martinez — DATE: 2/22/95

12. OFFICERS AND DIRECTORS

D
CALAS, ARMANDO L
6800 S.W. 40TH STREET, APT. #389
MIAMI FL 33155

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I hereby certify that the information indicated on this report or supplemental 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 above, or on an attachment with all other like empowered officers or directors, where applicable.

SIGNATURE: [signature] — 2/22/95 — (305) 567-6120

(Signature of or printed name of signing officer or director — Date — Daytime Phone)

0154055 CP