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Apr 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000079462 (5)

1. Corporation Name

FLORIDA IMAGING CORPORATION OF SOUTHWEST FLORIDA

Principal Place of Business

24541 WOODSAGE DR  
BONITA SPRINGS FL 33923

Mailing Address

24541 WOODSAGE DR  
BONITA SPRINGS FL 34134-7062



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 34134 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 34134 30

3. Date Incorporated or Qualified

10/24/1994

3a. Date of Last Report

02/12/1996

4. FEI Number

65-0538020

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

CONROY, J T III  
975 6TH AVE S, 101  
NAPLES FL

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Sign or type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME DENNIS, EDWARD M  
STREET ADDRESS 24541 WOODSAGE DR  
CITY- ST- ZIP BONITA SPRINGS FL 33923

TITLE D ☐ DELETE  
NAME DENNIS, KATHLEEN F  
STREET ADDRESS 24541 WOODSAGE DR  
CITY- ST- ZIP BONITA SPRINGS FL 33923

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

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

14. I do hereby certify that the information supplied with this filing 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:

Kathleen F Dennis KATHLEEN F DENNIS

4-1-97

941-947-8540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0416288

CR2E034 (9/96)