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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Apr 27 1996 8:00 am  
Secretary of State

DOCUMENT # P95000017316 (7)

1. Corporation Name

REGIONAL M.R.I OF SAN JOSE, INC.



Principal Place of Business

5200 DAVISSON AVE.  
ORLANDO FL 32810

Mailing Address

5200 DAVISSON AVE.  
ORLANDO FL 32810

2. Principal Place of Business

2a. Mailing Address

21 828 SO. BASCOM AVE.

26 828 SO. BASCOM AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 110

27 SUITE 110

City & State

City & State

23 SAN JOSE CA

28 SAN JOSE CA

Zip

Country

Zip

Country

24 95128

25 U.S.A.

29 95128

30 U.S.A.

3. Date Incorporated or Qualified

03/02/1995

3a. Date of Last Report

4. FEI Number

77-0385088

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

10. Name and Address of New Registered Agent

LAMMERS, LARRY M  
5200 DAVISSON AVE.  
ORLANDO FL 32810

81 Name MARK LAMMERS

82 Street Address (P.O. Box Number is Not Acceptable)  
5200 DAVISSON AVENUE

83

84 City ORLANDO

FL

85 Zip Code 32810

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

MARK LAMMERS

4-25-96

Signature typed or printed name of registered agent and their applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME LAMMERS, LARRY M  
STREET ADDRESS 5200 DAVISSON AVE.  
CITY-ST-ZIP ORLANDO FL 32810

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME MARK LAMMERS

1.3 STREET ADDRESS 828 SO. BASCOM AVENUE

1.4 CITY-ST-ZIP SAN JOSE CA 95128-2614

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

000001798150  
-04/29/96--01033--003

\*\*\*208.75

4.27

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)(k), 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 a attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK LAMMERS

4-25-96

408-292-7970

Date

Daytime Phone #

CR2E034 (12/95)