FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 JUN 16 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000017921 (4)**

1. Corporation Name
KALEY IMAGING, INC.

Principal Place of Business	Mailing Address
825 S. BAYSHORE DR. STE 1650 MIAMI FL 33131	825 S. BAYSHORE DR. STE 1650 MIAMI FL 33131-2920

3. Date Incorporated or Qualified: 03/06/1995
3a. Date of Last Report: 05/01/1996

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

2a. Mailing Address
26 777 S. FLAGLER DR
Suite, Apt. #, etc. 27 SUITE 1201E
City & State 28 W. PALM BEACH FL
Zip 29 33401 Country 30

4. FEI Number: 65-0572421 ☐ 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

MENDELSON, VICTOR H
3000 TAFT STREET
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

81 Name: Corporation Service Company
82 Street Address (P.O. Box Numbers Not Acceptable): 1201 Hays Street
83
84 City: Tallahassee, FL FL 85 Zip Code: 32301

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: Maureen Cullen — Maureen W. Cullen — 6/13/97
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV MENDELSON, VICTOR H 825 S. BAYSHORE DR. STE 1650 MIAMI FL 33131	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 300002215953--4 -06/18/97--01074--009 ****165.00 ****165.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV MENDELSON, LAURANS 825 S. BAYSHORE DR. STE 1650 MIAMI FL 33131	☐ DELETE	2.1 TITLE C / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MENDELSON, ERIC 3000 TAFT ST. HOLLYWOOD FL 33021	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DTV IRWIN, THOMAS 3000 TAFT ST. HOLLYWOOD FL 33021	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP PAUL, JOSEPH A 825 S. BAYSHORE DR. STE 1650 MIAMI FL 33131	☐ DELETE	5.1 TITLE P / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S VETTER, JUDITH 825 S. BAYSHORE DR. STE 1650 MIAMI FL 33131	☒ DELETE	6.1 TITLE VP/CFO/AS / 6.2 NAME SHAW, PAUL ANDREW / 6.3 STREET ADDRESS 777 S. FLAGLER DR / 6.4 CITY-ST-ZIP W. PALM BEAC, FL 33401	☐ Change ☒ Addition

CR2E034 (9/96)

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: