

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000022171 (9)

1. Corporation Name

SOUTHWEST FLORIDA DIAGNOSTIC IMAGING, INC.



Principal Place of Business

Mailing Address

3940 METRO PKWY.  
SUITE 102  
FT. MYERS FL 33916

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SUITE 102  
FT. MYERS FL 33916

3. Date Incorporated or Qualified

03/17/1995

3a. Date of Last Report

4. FEI Number

65-0568471

Applied For

Not Applicable

2. Principal Place of Business

21 3940 Metro Parkway

22 Suite, Apt #, etc.

#102

23 City & State

Ft, Myers, Fl.

24 Zip

33916

Country

Lee

2a. Mailing Address

26 3940 Metro Parkway

27 Suite, Apt #, etc.

#102

28 City & State

Ft. Myers, Fl.

29 Zip

33916

Country

Lee

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

BASILE, VICTOR  
3940 METRO PKWY.  
SUITE 102  
FT. MYERS FL 33916

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

Signature type for printed name of registered agent and title (applicable)

(b)(1) Registered Agent signature required when registering

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D  
BASILE, VICTOR  
STREET ADDRESS 16050 BAYPOINTE BLVD.  
CITY - ST - ZIP N. FT. MYERS FL 33917

TITLE ☒ DELETE

NAME D  
GEORGE, WILLIAM  
STREET ADDRESS 21600 INDIAN BAYOU DR.  
CITY - ST - ZIP FT. MYERS BEACH FL 33931

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

☐ Change ☐ Addition

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

☐ Change ☐ Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

☐ Change ☐ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: x

*Victor Basil* / President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-15-96 941-258-377

CR2E034 (3/96)